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96TH CONGRESS
2D SESSION**S. 1177**

[Report No. 96-712]

To improve the provision of mental health services and otherwise promote mental health throughout the United States, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 17 (legislative day, APRIL 9), 1979

Mr. KENNEDY (for himself, Mr. WILLIAMS, Mr. PELL, Mr. JAVITS, Mr. SCHWEIKER, Mr. RANDOLPH, and Mr. CRANSTON) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

MAY 15 (legislative day, JANUARY 3), 1980

Reported by Mr. ROBERT C. BYRD (for Mr. KENNEDY), with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

A BILL

To improve the provision of mental health services and otherwise promote mental health throughout the United States, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 ~~That so much of this Act as precedes title VII, along with~~

- 1 the following table of contents, may be cited as the "Mental
- 2 Health Systems Act".

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1 FINDINGS AND PURPOSE

2 SEC. 2. (a) The Congress hereby finds—

3 (1) Despite significant progress in the availability
4 of community mental health services and improving
5 residential mental health facilities, certain groups in
6 the population, such as children and youth, the aged,
7 the chronically mentally ill, racial or ethnic minorities,
8 poor persons, and persons in rural areas, often lack
9 access to adequate mental health services and other
10 health or social or other support services.

11 (2) Even where mental health services are availa-
12 ble, the lack of coordination, among governmental and
13 private agencies and entities, of the mental health
14 services, other health services, and social or other sup-

1 port services provided often leads to neglect or unnee-
2 cessary institutionalization of persons with chronic
3 mental disabilities.

4 (3) Millions of persons with some level of mental
5 disorder have contact with the primary health care
6 system where opportunities for effective mental health
7 care and treatment are often lost because of inadequate
8 mental health training of general health care personnel
9 and the lack of mental health personnel in primary
10 health care settings.

11 (4) Present efforts to prevent mental disability
12 through discovery and elimination of the causes of
13 mental illness and through early detection and treat-
14 ment programs are far too limited.

15 (b) It is, therefore, the purpose of this Act to provide
16 more flexibility in the funding of mental health services and
17 to encourage development of a partnership, in the delivery of
18 mental health services, other health services, and social or
19 other support services, among Federal, State, local govern-
20 ment, or private providers of such services, in order to im-
21 prove mental health, prevent mental illness, and provide ef-
22 fective treatment and rehabilitative services in the least re-
23 strictive setting for persons of all ages and cultural back-
24 grounds who are suffering from mental illness or disability or

1 are potential sufferers therefrom. To help carry out that pur-
2 pose, the objectives of this Act are—

3 (1) to foster the most effective use of available
4 Federal, State, local government, or private resources;
5 by encouraging States to improve the administration of
6 their mental health services programs and to coordi-
7 nate services under those programs with other health
8 services and social or other support services;

9 (2) to develop community-based services for un-
10 served, underserved, or inappropriately served popula-
11 tions, especially children and youth, the aged, the
12 chronically mentally ill, racial or ethnic minorities,
13 poor persons, and persons in rural areas;

14 (3) to minimize unnecessary or inappropriate
15 institutionalization and ensure that persons requiring
16 long-term residential care due to mental illness or dis-
17 ability receive such care in the least restrictive settings
18 possible;

19 (4) to increase the integration of general health
20 services and mental health services through inservice
21 mental health training of primary care providers and
22 through placement of mental health professionals in
23 primary care programs;

24 (5) to encourage States to develop prevention
25 programs;

(6) to encourage mental health professionals to locate in unserved and underserved areas; and

(7) to facilitate accomplishment of that purpose and these objectives through more effective planning that is consistent with the mental health aspects of overall State health planning.

DEFINITIONS

SEC. 3. For the purposes of this Act, unless the context otherwise requires—

(1) The term "State" includes (in addition to the fifty States) the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands.

(2) The term "Governor" means, in the case of a State which does not have a Governor, the chief executive officer of the State.

(3) The term "Secretary" means the Secretary of Health, Education, and Welfare.

(4) The term "nonprofit", as applied to any entity, means an entity which is owned and operated by one or more corporations or associations no part of the net earnings of which inures or may lawfully inure to the benefit of any private shareholder or individual.

1 (5) The term "State Agency" means the agency
2 or authority of a State established or designated under
3 the State plan (approved under this Act) of that State
4 to assume responsibility for administration of the plan
5 and the other aspects of its mental health services pro-
6 gram.

7 (6) The term "Area Mental Health Authority"
8 means the public or nonprofit private entity (and there
9 may be only one) in a mental health services area des-
10 ignated by the State Agency to be responsible for plan-
11 ning the mental health services program of the area
12 and (at the option of the State) any one or more other
13 mental health services areas, and for the coordination
14 and development of mental health services in that area
15 or areas.

16 (7) The term "Core Service Agency" means a
17 public or nonprofit private entity designated by the
18 State Agency to assume responsibility in any mental
19 health services area for planning, coordinating, devel-
20 oping, and providing the mental health services and
21 support services that are necessary for the care of
22 those members of any one or more priority population
23 groups in the area who need both mental health serv-
24 ices and support services.

(8) The term “support services” means health services (other than mental health services), and the social services and other support services specified by the Secretary.

(9) The term "priority population group" means any of the following groups which are unserved by any mental health services program or are underserved by such a program or programs: children and youth, the aged, the chronically mentally ill, any racial or ethnic minority, Indians and urban Indians (as those terms are defined in the Indian Health Care Improvement Act), the poor, rural residents, or any other group determined by the Secretary to have a special need for services under such a program.

(10) The term "mental health services area" means a geographic area established for purposes of planning and provision of mental health services.

(11) The term “comprehensive mental health services” means the services described in section 201(b) of the Community Mental Health Centers Act.

21 TITLE I—MEETING THE NEEDS OF THE
22 CHRONICALLY MENTALLY ILL
23 PURPOSE

24 SEC. 100. (a) It is the purpose of this title—

(1) to provide assistance to States and communities to develop or improve mental health services and other services for chronically mentally ill adults and children;

(2) to do this under a program—

(A) clearly defining the respective Federal, State, and local public or private roles and responsibilities in achieving; and

(B) under which, if the States meet, provide for meeting, or furnish satisfactory assurances of meeting specified conditions and prescribed performance standards (adapted where appropriate to the peculiar circumstances of each State or community); they will receive Federal support in achieving;

the national goal of developing responsive, coordinated, community-based service systems to meet the needs of those adults and children with chronic mental illness who are capable of living in the community if provided with adequate mental health, rehabilitation and training; housing; or other support services.

(b) It is the further purpose of this title, in providing that assistance under such a program, to facilitate State efforts to carry out the State responsibility for—

1 (1) providing appropriate care for those adults and
2 children whose mental illnesses are so severe that they
3 require inpatient care on a short or long-term basis;
4 and

5 (2) making the transition from institution-based to
6 coordinated community-based service systems through
7 closing or converting to other appropriate use public
8 mental hospitals and other long-term care facilities and
9 through providing retraining and job placement for per-
10 sonnel displaced by the closure or reduction in use.

11 SERVICES FOR THE CHRONICALLY MENTALLY ILL

12 SEC. 101. The Secretary may make grants to any State
13 Agency for any project for payments by it to a Core Service
14 Agency in any mental health services area for any one or
15 more of the following:

16 (1) planning for the development of a system of
17 mental health services and support services; for the
18 chronically mentally ill in the area who need both
19 mental health services and support services; and for
20 members of their households, that may assist the
21 chronically mentally ill to live outside of institutional
22 settings;

23 (2) coordination of the operations of any agencies
24 or entities having responsibility for any mental health

1 services or support services for the chronically mental-
2 ly ill in the area;

3 (3) identifying barriers to the ready availability of
4 any of such services to the chronically mentally ill in
5 the area and devising measures to help overcome those
6 barriers;

7 (4) improving the competency of personnel of enti-
8 ties providing any of such services for the chronically
9 mentally ill through inservice or other training or re-
10 training;

11 (5) assuring the availability, for each chronically
12 mentally ill patient who needs both mental health serv-
13 ices and support services, of an individual to assume
14 responsibility for seeing to it that the patient receives
15 any of such services that he needs;

16 (6) providing or arranging for the provision of any
17 such services needed by any such patient and not oth-
18 erwise available;

19 (7) providing educational or informational services
20 to educate the population of the area on the problems
21 of the chronically mentally ill and the need for commu-
22 nity involvement in the programs to resolve those
23 problems outside of institutional settings, and on what
24 is available or needed to help those programs succeed;

1 (8) preparing and providing such reports to the
2 State Agency, containing such information, as the
3 State Agency may find necessary to evaluate the Core
4 Service Agency's activities with respect to the chron-
5 ically mentally ill.

6 ASSISTANCE TO STATE AGENCIES

7 SEC. 102. The Secretary may make grants to any State
8 Agency for any project for any one or more of the following:

9 (1) planning for the development of a system of
10 mental health services and support services, for the
11 chronically mentally ill in the State who need both
12 mental health services and support services, and for
13 members of their household, that may enable the
14 chronically mentally ill to live outside of institutional
15 settings;

16 (2) coordination of the operations of State or in-
17 trastate regional agencies having responsibility for any
18 mental health services or support services for the
19 chronically mentally ill;

20 (3) identifying State-level barriers to the ready
21 availability of any of such services to the chronically
22 mentally ill and devising measures to help overcome
23 those barriers;

24 (4)(A) improving the competency of personnel of
25 entities providing any of such services for the chron-

1 ically mentally ill through inservice or other training or
2 retraining, and (B) job placement for and retraining (for
3 work in community-based mental health programs) of
4 former employees of mental (inpatient care) institutions
5 adversely affected by reduced use of such institutions;
6 or

7 (5) assisting mental health services areas in the
8 continuing process of identifying the chronically men-
9 tally ill who need both mental health services and sup-
10 port services and in planning for and carrying out
11 plans for providing such services for such chronically
12 mentally ill.

13 TITLE II—PREVENTION OF MENTAL ILLNESS

14 PURPOSE

15 SEC. 200. It is the purpose of this title to complement
16 Federal research and training efforts at prevention under ex-
17 isting legislation by providing assistance to States in promot-
18 ing mental health and preventing mental illness, particularly
19 among groups of the population that run a higher risk of
20 mental illness than others; to do this by supporting State
21 efforts to educate the general public about mental health
22 problems, to improve the ability of health, social service, or
23 other support services personnel to recognize and deal with
24 mental illness, and to facilitate timely access to mental health

1 services for those who need help in dealing with potential
2 causes of mental illness.

3 PROJECT GRANTS FOR PREVENTION OF MENTAL ILLNESS

4 SEC. 201. The Secretary may make grants to any State
5 Agency for any project for any one or more of the following:

6 (1) providing assistance, through collection and
7 dissemination of information, workshops, and other ap-
8 propriate means, to mental health or other health per-
9 sonnel, entities, and groups, and to volunteer or other
10 citizen organizations and groups, in the development of
11 programs aimed at preventing mental illness;

12 (2) inservice training and other training of mental
13 health, other health or other appropriate personnel in
14 early identification of the potential causes of mental ill-
15 ness and early application of measures designed to pre-
16 vent occurrence or aggravation of mental illness;

17 (3) providing information to the general public on
18 the importance of preventing mental illness and of the
19 services available to help in early identification of po-
20 tential causes of mental illness and early handling of
21 those causes;

22 (4) planning, and other activities at the State or
23 intrastate regional level to develop and coordinate,
24 services to help prevent mental illness; or

(5) demonstrating, in one or more mental health services areas of the State, the various means of preventing mental illness and otherwise promoting mental health.

TITLE III—STATE MENTAL HEALTH SYSTEMS IMPROVEMENT

PURPOSE

SEC. 300. It is the purpose of this title, in recognition of the financial and administrative roles of the States in the mental health sector, to assist them to improve their capacity to carry out their responsibilities for administering their mental health services and related programs.

IMPROVING STATE ADMINISTRATION

SEC. 301. For the purpose of assisting States to improve administration of State mental health programs, the Secretary may make grants to any State Agency for any project for any one or more of the following:

(1) improving State Agency capacity to collect and analyze statistics and other data and to otherwise meet the monitoring or reporting requirements under this Act;

(2) improving the planning and other administrative functions of the State Agency; or

(3) improving the ability of the State Agency (A) to set performance standards for mental health services

1 projects and programs, (B) to enforce those standards,
2 and (C) to evaluate performance under any other as-
3 pects of such projects and programs through data anal-
4 ysis, studies, and other means.

5 OTHER STATE ACTIVITIES

6 SEC. 302. The Secretary may make grants to any State
7 Agency for any project for any other activities, included in
8 the State plan approved under this Act, which are designed
9 to improve the provision of mental health services in the
10 State or the administration of State or local mental health
11 programs and which the Secretary determines to be of partic-
12 ular significance in the light of the purposes of this Act.

13 TITLE IV—COMMUNITY MENTAL HEALTH
14 SERVICES

15 PURPOSE

16 SEC. 400. The purpose of this title is to assure the initi-
17 ation and improvement of mental health services for children
18 and youth, the aged, the chronically mentally ill, any racial
19 or ethnic minority, Indians, the poor, rural residents, or any
20 other group with special needs, and the development of com-
21 prehensive mental health services for them and others in
22 their communities through creating necessary services where
23 none exists; recognizing the close relationship between
24 mental health services and other health or support services;
25 supporting the maintenance of existing non-revenue produe-

1 ing functions after basic support has terminated, and continu-
 2 ation of comprehensive mental health services programs al-
 3 ready begun; supplementing or improving existing services
 4 where they are inadequate; and increasing the flexibility of
 5 communities in planning a comprehensive network of services
 6 which assures continuity of care.

7 PREPARATION FOR PROVISION OF SERVICES

8 SEC. 401. (a) For the purpose of assisting public or non-
 9 profit private entities to prepare for providing mental health
 10 services in a mental health services area, the Secretary may
 11 make a grant to any such entity for a project to—

12 (1) assess the needs of the area for mental health
 13 services;

14 (2) design a mental health services program for
 15 the area based on such assessment;

16 (3) obtain within the area financial and profession-
 17 al assistance and support for the program; and

18 (4) initiate and encourage continuing community
 19 involvement in the development and operation of the
 20 program.

21 The amount of any grant under this section may not exceed
 22 \$75,000.

23 (b) Only one grant may be made under this section with
 24 respect to a mental health services area.

1 (e) No grant may be made under this section with re-
 2 spect to any mental health services area if a grant has previ-
 3 ously been made under this title or under the Community
 4 Mental Health Centers Act with respect to the same area, or
 5 with respect to a catchment area (within the meaning of that
 6 term in the Community Mental Health Centers Act) any sub-
 7 stantial (as determined by the Secretary) part of which is
 8 included in that mental health services area. The prohibition
 9 in the preceding sentence does not apply if the earlier grant
 10 (referred to therein) under this Act was made under section
 11 402 for one or more, but less than all, of the comprehensive
 12 mental health services, and comprehensive mental health
 13 services are not being provided in the area, or if the earlier
 14 grant (so referred to) under the Community Mental Health
 15 Centers Act was made under section 224(b) of that Act as in
 16 effect before July 29, 1975. As used in the preceding sen-
 17 tence, the term "comprehensive mental health services" does
 18 not include any such service for an area if there is not suffi-
 19 cient need for it in the area, as determined by the Secretary,
 20 or if the Secretary determines the need for it is being met.

21 INITIATION OF SERVICES FOR THE UNDERSERVED

22 SEC. 402. (a) The Secretary may make grants to any
 23 public or nonprofit private entity for any project for the provi-
 24 sion of mental health services to one or more priority popula-
 25 tion groups. In making such grants under this section, the

1 Secretary shall give preference to any entity serving a
2 mental health services area which has no community mental
3 health center (as defined in the Community Mental Health
4 Centers Act) servicing it and with respect to which no grant
5 has been or is being made under section 403.

6 (b) A grant may be made under this section for any
7 project only if—

8 (1) the project will provide at least one of the
9 services, included in comprehensive mental health serv-
10 ices, to meet the needs of at last one priority popula-
11 tion group, as determined under the State plan;

12 (2) the entity demonstrates that the project will
13 lead to increased or more appropriate mental health
14 services for an underserved priority population group
15 or groups or to development of mental health services
16 for an unserved priority population group or groups;

17 (3) the entity provides satisfactory evidence that
18 members of the priority population group or groups to
19 be served by the project have had a reasonable oppor-
20 tunity to comment on the proposed project during its
21 preparation and satisfactory assurances that members
22 of the group or groups will be afforded reasonable op-
23 portunity to comment on performance under the proj-
24 ect; and

1 (4) in the case of an entity which does not provide
2 comprehensive mental health services in the mental
3 health services area, there is in effect, or the entity
4 provides satisfactory assurances that there will before
5 the end of the period of the initial grant under this sec-
6 tion for the project be in effect, an agreement of affili-
7 ation with an entity (if there is one) providing addition-
8 al mental health services in the area which can be
9 made available to members of the priority population
10 group or groups for which the project is designed.

11 The requirement of paragraph (4) does not apply if the appli-
12 cant for the grant provides satisfactory evidence that the fail-
13 ure to have such an agreement within the period specified is
14 due to an unreasonable refusal by the other entity or entities
15 to enter into the agreement.

16 (e) Only five grants may be made under this section to
17 the same entity for mental health services for the same prior-
18 ity population group or groups; and the fourth and fifth such
19 grants may not exceed sixty percent and thirty percent, re-
20 spectively, of the costs of the project for which the grants are
21 made.

22 (d) For a further limitation on the number of grants
23 under this section, see section 403(d).

~~DEVELOPMENT OF COMPREHENSIVE MENTAL HEALTH~~

~~SERVICES~~

~~SEC. 402. (a) The Secretary may make grants to any public or nonprofit private entity for any project to develop mental health services or to expand the mental health services provided by it.~~

(b) ~~Any such grant may be made for a project for services in a mental health services area only if such entity—~~

(1) has not received, under section 203(a) of the Community Mental Health Centers Act, or under section 220 of that Act as in effect before July 29, 1975, or as continued in effect after that date by section 203(e) of that Act, or under section 406 of this Act, all of the grants available to it under those sections;

(2) provides satisfactory assurances that it will, in accordance with a plan and time schedule for the provision and addition of mental health services approved by the Secretary, provide for the area at least those services (other than a service for which there is not sufficient need in the area, as determined by the Secretary, or the need for which in the area the Secretary determines is being met) which are included in comprehensive mental health services or are prescribed by the Secretary;

1 (3) provides satisfactory assurances that priority
2 will be accorded, in progressing toward provision of
3 such mental health services for all of the population of
4 the area, to services needed by priority population
5 groups, in accordance with the State plan approved
6 under this Act; and

7 (4) provides satisfactory assurances that it will
8 have an agreement of affiliation with an entity in the
9 area that receives or has received a grant under sec-
10 tion 402, if requested to do so by such entity, unless
11 relieved of this requirement by the Secretary because
12 the agreement so requested is unreasonable.

13 (e)(1) Only eight grants may be made under this section
14 to the same entity for services in the same mental health
15 services area; and no such grant (after the first one) may
16 exceed the following percentage of the cost of the project
17 with respect to which it is made;

18 (A) 90 per centum in the case of the second such
19 grant;

20 (B) 80 per centum in the case of the third such
21 grant;

22 (C) 70 per centum in the case of the fourth such
23 grant;

24 (D) 60 per centum in the case of the fifth such
25 grant;

(E) 50 per centum in the case of the sixth and seventh such grant; and

(F) 45 per centum in the case of the eighth such grant.

(2) For purposes of this subsection, a grant under any of the following is considered a grant under this section:

(A) section 406;

(B) section 203(a) of the Community Mental Health Centers Act; or

(C) section 220 of the Community Mental Health Centers Act as in effect before July 20, 1975, or as continued in effect after that date by section 203(e) of that Act.

(d) No grant may be made under this section or section 402 to any entity for services in any mental health services area after the total of the following grants for services in that area reaches ten—

(1) grants under this section, section 402, or section 406;

(2) grants under section 203(a) of the Community Mental Health Centers Act; or

(3) grants under section 220 of the Community Mental Health Centers Act as in effect before July 20, 1975, or as continued in effect after that date by section 203(e) of that Act.

1 MENTAL HEALTH SERVICES IN AMBULATORY HEALTH
2 CARE CENTERS

3 SEC. 404. (a) For the purpose of assisting ambulatory
4 health care centers to participate appropriately in the provi-
5 sion of mental health services to their patients, the Secretary
6 may make a grant to any public or nonprofit private entity
7 which—

(1) provides mental health services that include at least 24-hour emergency services, outpatient services, and consultation and education services (as described in section 201(b) of the Community Mental Health Centers Act) and has in effect an agreement of affiliation with an entity which is, as determined by the Secretary, an ambulatory health care center; or

(2) is, as so determined, an ambulatory health care center and has in effect an agreement of affiliation with an entity providing at least the mental health services referred to in paragraph (1).

19 Such an agreement of affiliation must—

(A) describe the geographical area in which each party to the agreement provides and proposes to provide its services;

(B) provide for employment by the center of at least one mental health professional to serve as liaison between it and the other entity, and include a descrip-

tion of the required qualifications of that person and of any other professional mental health personnel to be employed by the center under the agreement;

(C) provide satisfactory assurances that the entity providing the mental health services will make such services available to patients of the center referred to it by the liaison or other mental health professional; and

(D) include the transportation arrangements and other arrangements for effecting referral to the entity from the center of patients needing the services of such entity.

(e) Any grant under this section may be made for a project for any one or more of the following—

(1) the costs of liaison or other mental health professionals providing services in the ambulatory health care center in accordance with the agreement of affiliation;

(2) mental health services provided by the other personnel of the center which the other entity determines such personnel can appropriately provide;

(3) consultation and inservice training on mental health provided to personnel of the center by the other entity; and

1 (4) establishing liaison between the center and
2 other providers of mental health services or support
3 services.

4 (d) Only three such grants may be made under this sec-
5 tion for projects involving the same ambulatory health care
6 center and the same entity providing mental health services;
7 and the third such grant may not exceed 75 per centum of
8 the cost of the project for which it is made.

9 NON-REVENUE-PRODUCING ACTIVITIES

10 SEC. 405. (a) For the purpose of assisting public or non-
11 profit private entities to provide, in their mental health serv-
12 ices areas, mental health services which generally do not
13 generate revenues, the Secretary may make grants to any
14 public or nonprofit private entity which—

15 (1) has received a grant under section 203(a) of
16 the Community Mental Health Centers Act, or under
17 section 220 of such Act as in effect before July 29,
18 1975, or as continued in effect after that date by sec-
19 tion 211 of that Act, or under section 403 or 406 of
20 this Act; and

21 (2) because of the limitations on the period for
22 which an entity may receive such grants or on the
23 number of such grants the entity may receive, is no
24 longer eligible to receive such grants.

1 (b) A grant under this section may be made for a project
2 for any one or more of the following:

3 (1) consultation and education services described
4 in section 201(b) of the Community Mental Health
5 Centers Act;

6 (2) activities directed at prevention of mental ill-
7 ness, including education of the general public on mat-
8 ters related thereto;

9 (3) the additional cost of case finding with respect
10 to members of a priority population group and of assur-
11 ing that each member of the group receives the mental
12 health services and support services he needs;

13 (4) coordination of the entity's services with other
14 mental health services and with support services; or

15 (5) evaluation of the entity's mental health serv-
16 ices program.

17 (c) A grant may be made under this section to an entity
18 for any project only if the entity provides—

19 (1) satisfactory assurances that it will sign an
20 agreement of affiliation with any other entity providing
21 mental health services in the same mental health serv-
22 ices area and which has received a grant under section
23 402, if it is requested to do so by such other entity,
24 unless relieved of this requirement by the Secretary be-
25 cause the agreement so requested is unreasonable;

(2) a satisfactory plan describing the steps it proposes to take in order to obtain financing from other sources for the activities included under the project when financing therefor is no longer available under this section; and

(2) satisfactory assurances that it will give priority under its mental health services program to meeting the needs of priority population groups.

(d) Only five grants may be made under this section to any entity; and no such grant may exceed an amount equal to \$1.00 multiplied by the population (as indicated in the State's plan approved under this Act) of the mental health services area of the recipient.

14 CONTINUED SUPPORT FOR COMMUNITY MENTAL HEALTH
15 CENTERS

16 SEC. 406. (a) For the purpose of assisting public or non-
17 profit private entities to continue to provide mental health
18 services, the Secretary may make project grants to any such
19 entity which received a grant under section 203 (a) or (c) or
20 211 of the Community Mental Health Centers Act and which
21 would be eligible for another grant thereunder from appropri-
22 ations for any fiscal year ending after September 30, 1979, if
23 such appropriations were made. The number of such grants
24 which may be made to any entity, and the amounts thereof,
25 are, respectively, the number and the amounts prescribed

1 under that section; and such grants shall be made in accord-
2 ance with the other terms and conditions applicable to grants
3 under that section, except as provided in subsections (b) and
4 (c) of this section.

5 (b) No grant may be made under this section to any
6 entity unless it provides satisfactory assurances that it will
7 sign an agreement of affiliation with any recipient of a grant
8 under section 402 providing mental health services in the
9 same mental health services area, if requested to do so by
10 that recipient, unless relieved of this requirement by the Sec-
11 retary because the agreement so requested is unreasonable.

12 (c) In the case of any entity which received a grant
13 under section 203(a) of the Community mental Health Cen-
14 ters Act, and to which the initial grant under such section
15 was made from appropriations for the fiscal year ending Sep-
16 tember 30, 1979, a grant may not be made under subsection
17 (a) to such entity from appropriations under this Act for any
18 year unless the Secretary determines, at the request of the
19 entity, that there is good reason to make such grant to it for
20 that year and no grant has previously been made to it under
21 section 403.

1 TITLE V—PILOT PROJECTS FOR STATE
2 ADMINISTRATION OF GRANTS
3 AGREEMENTS AUTHORIZED

4 SEC. 501. The Secretary may enter into an agreement
5 with the State Agency of any State, which is able and willing
6 to do so, for a demonstration project under which such
7 Agency will, on behalf of the Secretary—

8 (1) pay Federal funds due to entities in the State
9 for such of the projects under section 101 or title IV
10 as may be designated in the agreement;

11 (2) review performance under such projects and
12 report to the Secretary the extent to which such per-
13 formance complies with applicable requirements; and

14 (3) perform such other functions of the Secretary
15 with respect to that State as the State Agency and the
16 Secretary may agree upon.

17 COST OF AGREEMENTS

18 SEC. 502. Of the sums appropriated under section 641
19 for any fiscal year, the percentage determined by the Seere-
20 tary is available for paying all, or such portion as the Seere-
21 tary determines to be appropriate, of the cost to any State
22 Agency of carrying out its agreement under section 501.

1 ~~TITLE VI—REQUIREMENTS FOR PARTICIPATION;~~
2 ~~AUTHORIZATIONS~~

3 ~~PART A—STATE PLANS~~

4 ~~REQUIREMENT OF STATE MENTAL HEALTH SERVICES~~
5 ~~PLANS~~

6 SEC. 601. (a) In order for the State Agency of or any
7 entity in a State to be eligible to receive a grant under this
8 Act for any year, such State must have in effect a State
9 mental health services plan which has been prepared by an
10 agency of the State designated by the Governor and been
11 submitted to the Secretary through the Governor, which is
12 consistent with the provisions, relating to mental health serv-
13 ices, of the State health plan prepared in accordance with
14 section 1524(c)(2) of the Public Health Service Act, and
15 which has been approved by the Secretary as meeting the
16 requirements of this Act.

17 (b) The Secretary may not finally disapprove a State
18 plan (or any modification thereof) except after reasonable
19 notice and opportunity for a hearing to the State.

20 (c) Whenever the Secretary, after reasonable notice and
21 opportunity for a hearing to the State Agency of a State,
22 finds that the State plan approved under this Act has been so
23 changed that it no longer complies with this Act, or that in
24 the administration of the plan there is a failure to comply
25 substantially with any provision of this Act, the Secretary

1 shall notify the Agency that further payments will not be
 2 made to the Agency or to any other entity in the State under
 3 this Act (or, in his discretion, that further payments will not
 4 be made to any such Agency or entity with respect to any
 5 project or activities affected by such failure); until he is satis-
 6 fied that there will no longer be any such failure. Until he is
 7 so satisfied, the Secretary shall make no further payments to
 8 any such Agency or entity or shall limit payments to projects
 9 or activities not affected by such failure.

10 CONTENTS OF STATE PLANS

11 SEC. 602. To be approved under this Act a State
 12 mental health services plan must be submitted in such form
 13 and manner as the Secretary prescribes and must—

14 (1) identify the mental health services areas
 15 within the State, which areas must cover the entire
 16 State and each of which must, except to the extent and
 17 in the cases permitted by the Secretary (including ex-
 18 ceptions made for interstate areas), have boundaries
 19 which conform to or are within the boundaries of a
 20 health service area established under title XV of the
 21 Public Health Service Act and, to the extent practica-
 22 ble, conform to boundaries of one or more school dis-
 23 tricts or political or other subdivisions in the State;

24 (2) set forth (A) the need of each mental health
 25 services area in the State for mental health services; as

determined after consideration of all relevant matters, including the demographic, economic, or social characteristics of the population of the area, with special attention to the need of priority population groups for services as well as to the need for services and activities designed to prevent mental illness from occurring, (B) the public or private facilities, mental health personnel, and services available, and the additional facilities, personnel, and services required, to meet those needs, (C) the methods used to determine those needs and evaluate the facilities, personnel, and services, (D) the way in which and the order in which those needs will be met through use of existing Federal, State, or local resources and otherwise, and (E) similar information for the State not included under clause (A), (B), (C), or (D) which is of significance for more than a single mental health services area;

(2) provide for establishment or designation of a single agency of the State (in this Act referred to as the "State Agency") to assume responsibility for administration of the plan and the other aspects of the State's mental health services program and include, in the methods of administration of the plan, methods relating to establishment and maintenance of personnel standards on a merit basis which are in accord with

1 standards prescribed by the Office of Personnel Man-
2 agement;

3 (4) identify each Area Mental Health Authority
4 which has been designated by the State Agency and
5 the mental health services area or areas it serves;

6 (5) include or be accompanied by (A) documenta-
7 tion and other evidence showing that, in the process of
8 its development and before the plan was submitted to
9 the Secretary, a reasonable opportunity was afforded to
10 interested agencies, organizations, and individuals to
11 present their views and to comment on the proposed
12 plan; and (B) satisfactory assurances that, after submis-
13 sion of the proposed plan to the Secretary and its ap-
14 proval by him, a reasonable opportunity will be afford-
15 ed to interested agencies, organizations, and individuals
16 to comment on administration of the plan and on any
17 proposed modification of the plan;

18 (6) describe the steps that are proposed to be
19 taken at the State level and the local level in an effort,
20 which the Secretary determines to be reasonable (A) to
21 coordinate the provision of mental health services, and
22 (B) to coordinate, in the case of the chronically mental-
23 ly ill and any other priority population group designat-
24 ed by the Secretary, the various kinds of services for

1 members of such groups who need both mental health
2 services and support services;

3 (7) describe the legal rights of persons in the
4 State who are mentally ill or otherwise mentally handi-
5 capped and what is being done in the State to protect
6 those rights;

7 (8) provide for emphasizing outpatient mental
8 health services for patients instead of institutional inpa-
9 tient treatment wherever appropriate and include fair
10 and equitable arrangements (as determined by the Sec-
11 retary after consultation with the Secretary of Labor)
12 to protect the interests of employees affected adversely
13 by actions taken to emphasize such outpatient treat-
14 ment, including arrangements designed to preserve em-
15 ployee rights and benefits and to provide training and
16 retraining of such employees, where necessary, for
17 work in mental health or other fields and including ar-
18 rangements under which maximum effort will be made
19 to place such employees in employment;

20 (9) provide that any statistics or other data in-
21 cluded in the State plan or on which the State plan is
22 based will conform to such criteria, standards, and
23 other requirements relating to their form, method of
24 collection, content, or other aspects as the Secretary

1 prescribes in order to provide Nationwide comparability
2 of the data;

3 (10) provide that the State Agency will make
4 such reports, in such form and containing such infor-
5 mation, and keep such records as the Secretary may
6 require, and afford such access to those records as the
7 Secretary may find necessary to assure the correctness
8 of and to verify such reports;

9 (11)(A) provide that an agency of the State desig-
10 nated by the Governor will from time to time, and in
11 any event not less often than triennially, review the in-
12 formation and other material in or accompanying the
13 State plan, as well as the proposed objectives of or ac-
14 tivities under the plan, and submit to the Secretary
15 through the Governor any necessary modifications
16 thereof, except to the extent excused by the Secretary
17 because the modifications are of minor significance; and
18 (B) provide that an agency of the State designated by
19 the Governor will submit to the Secretary through the
20 Governor any other modifications in the plan or in
21 such information, material, objectives, or activities that
22 are necessary for any other reason, except to the
23 extent so excused by the Secretary; and

24 (12) contain or be accompanied by such additional
25 information or assurances and meet such other require-

ments as the Secretary prescribes in order to achieve the purposes of this Act.

PART B—OTHER GENERAL REQUIREMENTS AND PROVISIONS

APPLICATIONS

SEC. 621. (a) No grant may be made under this Act to the State Agency of or any entity in any State unless an application (meeting the requirements of this Act and of the State plan of that State approved under this Act) for the grant has been approved by the Secretary.

(b) To be approved under this Act, an application for a grant for any project must contain or be accompanied by—

(1) a budget covering the year for which the grant is sought (and such additional period as the Secretary may require) showing the sources of funding for the project and allocating the funds available for the project among the various types of services to be provided or assisted or the various types of activities to be conducted or assisted and among the various population groups to which the project is directed;

(2) a statement of the objectives of the project, which objectives must be in accord with criteria established by the Secretary and must include at least those objectives which the Secretary may specify;

1 (3) any statistics or other information which the
2 Secretary and, where applicable, the State Agency
3 may request in order to determine compliance of the
4 project with the requirements of this Act;

5 (4) in the case of any project under which services
6 are to be provided, the schedule of fees to be charged
7 therefor and the discounts to be allowed (to those
8 unable to pay in full) on the basis of relative inability
9 to pay for the services, along with satisfactory assur-
10 ances that the applicant will make every reasonable
11 effort to collect for the services from all available
12 sources;

13 (5) information on the organization and operation
14 of the applicant and the measures taken to provide rea-
15 sonable opportunities for interested agencies, organiza-
16 tions, and members of the public to comment thereon
17 and on the proposed project;

18 (6) satisfactory assurances that the applicant will
19 submit such reports, at such times and containing such
20 information, as the Secretary may request and main-
21 tain such records as the Secretary may find necessary
22 for purposes of this Act, and afford the Secretary and
23 the Comptroller General of the United States such
24 access to such records and other documents as may be

1 necessary for an effective audit of the project or
2 activity;

3 (7) satisfactory assurances that funds made availa-
4 ble under this Act will be used to supplement and, to
5 the extent practical, increase the level of non-Federal
6 funds that would, in the absence of those Federal
7 funds, be made available for the purpose, and will in
8 no event supplant such non-Federal funds;

9 (8) in the case of a grant under title IV (except
10 section 402) to any entity in a State, certification that
11 the State Agency of that State has approved the appli-
12 cation as being in accord with the State plan approved
13 under this Act;

14 (9) in the case of any project for provision of any
15 services (A) a description of the steps the applicant has
16 taken and will take in an effort (which the Secretary
17 determines to be reasonable) to coordinate the services
18 it provides with other mental health services and sup-
19 port services in the same area or areas, and (B) satis-
20 factory assurances that the applicant will, in the provi-
21 sion of such services under the project, as a minimum
22 meet the standards of quality of care prescribed by the
23 Secretary; and

1 (10) such other information and material and such
2 other assurances as the Secretary may prescribe in
3 order to carry out the purposes of this Act.

4 The requirements under this section for assurances, state-
5 ments, descriptions, and other information and materials with
6 respect to an application for a grant for a project apply also
7 to the activities of any Core Service Agency with respect to
8 which payments are to be made from such grant.

9 DURATION OF GRANTS

10 SEC. 622. Any grant under this Act is for such period of
11 time, not exceeding one year, as the Secretary may
12 determine.

13 PERFORMANCE STANDARDS

14 SEC. 623. (a) In determining whether or not to approve
15 an application for a grant under this Act, the Secretary shall
16 consider the extent to which performance by the applicant
17 under any prior grant under this Act or the Community
18 Mental Health Centers Act complied with applicable require-
19 ments, standards, and criteria.

20 (b) The Secretary shall prescribe standard measures of
21 performance designed to test the quality and extent of per-
22 formance by applicants under any such prior grants and the
23 extent to which such performance has helped to achieve the
24 National or other objectives for which the prior grants were
25 made.

EVALUATION AND MONITORING

SEC. 624. (a) With the approval of the Secretary, any recipient of a grant under this Act may use a portion of that grant for evaluation of the project or activity involved and of the recipient's program of which the project or activity is a part.

(b) Appropriations for grants under title I, II, III, or IV may also be used by the Secretary for reviewing performance by recipients of grants thereunder to determine the extent to which they have complied with the requirements applicable to such grants, and the extent to which they have advanced the National or other objectives for which the grants were made.

INDIRECT PROVISION OF SERVICES

SEC. 625. Any mental health services for the provision of which an entity is responsible for purposes of a grant under this Act may be provided by it directly at its primary or satellite facilities or through arrangements with other entities or health professionals and others in, or serving residents of, the same mental health services area.

STANDARDS OF CARE

SEC. 626. The Secretary shall prescribe standards relating to the quality of care in the provision of mental health services by any recipient of a grant under this Act.

TECHNICAL ASSISTANCE

SEC. 627. Such portion as the Secretary may determine, but not more than 2 per centum, of any appropriation for grants under title I, II, III, or IV for any fiscal year is available for technical assistance, including short-term training, by the Secretary to any State Agency or other entity which is or has been a recipient of a grant under any of such titles, to assist it in developing, or in better administering, the mental health services program or programs for which it is responsible.

PAYMENT PROCEDURES

SEC. 628. (a) Except as provided in subsection (b), the amount of payments under any grant for any year under this Act, other than section 401, may be reduced to the extent—

(1)(A) the sums paid to the grantee under any prior grant under the same section of this Act, or (B) in case such amount is to be paid under section 403 or 406, the sums paid to it under section 406 or under section 203 (a) or (c) or 211 of the Community Mental Health Centers Act, plus

(2) the funds available for the project or activity, for which the prior grant was made, from State, local, or other sources (including collections);

1 exceed the total cost of the project or activity for which the
 2 prior grant was made, instead of such excess being repaid to
 3 the United States.

4 (b) In the case of any such excess—

5 (1) a reduction under subsection (a) shall not be
 6 made to the extent adjustments were previously made,
 7 or excused under clause (2) of this subsection, on ac-
 8 count of such excess, and

9 (2) such portion of that excess for any year for
 10 any project under title IV of this Act or for any project
 11 or activity under the Community Mental Health Cen-
 12 ters Act as the Secretary may determine, but not ex-
 13 ceeding 5 per centum of the cost of operation of the
 14 recipient's mental health program, may be retained by
 15 the recipient for deposit in a reserve fund maintained
 16 for purposes approved by the Secretary, and shall not
 17 be counted as available funds for purposes of any sub-
 18 sequent grant under this Act.

19 CONFORMING AMENDMENTS

20 SEC. 629. (a) Section 507 of the Public Health Service
 21 Act (relating to grants to Federal institutions) is amended by
 22 inserting “, and appropriations under title IV of the Mental
 23 Health Systems Act,” before “shall also be available”.

24 (b) Section 513 of such Act (relating to evaluation of
 25 programs by the Secretary) is amended by inserting “Mental

1 Health Systems Act," after "Community Mental Health
2 Centers Act,".

3 (e) Section 1513(c)(1)(A)(i) of such Act (relating to func-
4 tions of health systems agencies) is amended by inserting
5 "Mental Health Systems Act," after "Community Mental
6 Health Centers Act,".

7 GRANTS FOR MEMBERS OF INDIAN TRIBES

8 SEC. 620. (a) At the request of any Indian tribe or
9 tribes (as defined in the Indian Health Care Improvement
10 Act) or any urban Indian organization (as so defined), a grant
11 may be made under title IV of this Act to the Indian Health
12 Service or any institution, clinic, or other unit thereof, on the
13 same terms and conditions as apply to non-Federal entities,
14 for any project (for which such a grant is available) to serve
15 members of, respectively, such tribe, tribes, and organization.

16 (b) Any grant under subsection (a) may be made for a
17 project serving members of an Indian tribe or tribes (as so
18 defined) or an urban Indian organization (as so defined) even
19 though the area in which those members reside is included in
20 two or more mental health services areas of a State.

21 GOVERNING BODIES OF LOCAL AGENCIES

22 SEC. 621. No entity is eligible for a grant under title
23 IV, other than section 401, unless it meets the requirements
24 applicable to a community mental health center under sub-
25 paragraph (A) or (B) of section 201(c)(1) of the Community

1 Mental Health Centers Act, whichever is applicable, and, in
 2 case such subparagraph (A) is applicable, it provides satisfac-
 3 tory assurances that it will meet the requirements applicable
 4 to such a center under clause (ii) of such subparagraph (A).

5 COOPERATIVE AGREEMENTS AUTHORIZED

6 SEC. 632. In any case in which a grant is authorized to
 7 be made under this Act by the Secretary to the State Agency
 8 of or any entity in a State for any project or activity, the
 9 Secretary may, if he deems it appropriate, instead enter into
 10 a cooperative agreement with such Agency or entity under
 11 which the Secretary will make the same payments, on the
 12 same terms, for such project or activity as he would under a
 13 grant therefor, but only on condition that such Agency or
 14 entity complies with the requirements of this Act, including
 15 those relating to an application, to the same extent as would
 16 be required of an applicant for or recipient of a grant for the
 17 same purpose.

18 OBLIGATED SERVICE FOR MENTAL HEALTH TRAINEESHIPS

19 SEC. 633. (a) Section 303 of the Public Health Service
 20 Act is amended by adding at the end thereof the following
 21 new subsection:

22 “(d)(1) Any individual who has received a clinical train-
 23 eeship, in psychology, psychiatry, nursing, or social work,
 24 under subsection (a)(1) that was not of a limited duration or
 25 experimental nature (as determined by the Secretary) is obli-

1 gated to serve, in service determined by the Secretary to be
2 appropriate in the light of his training and experience, at the
3 rate of one year for each year (or academic year, whichever
4 the Secretary determines to be appropriate) of the trainee-
5 ship.

6 “(2) The service required under paragraph (1) shall be
7 in a State mental (inpatient care) institution, or for any entity
8 eligible for a grant under title IV of the Mental Health Sys-
9 tems Act, or in a health manpower shortage area (as deter-
10 mined under subpart II of part D of this title), or in any other
11 area or for any other entity designated by the Secretary, and
12 shall begin within such period after the termination of the
13 traineeship as the Secretary may determine. In developing
14 criteria for determining for which institutions or entities or in
15 which areas, referred to in the preceding sentence, individ-
16 uals must perform service under this paragraph, the Secre-
17 tary shall give preference to institutions, entities, or areas
18 which in his judgment have the greatest need for personnel to
19 perform that service unless, for good cause shown to the Sec-
20 retary, the individual requests performance of other service
21 under this paragraph.

22 “(3) Any individual who fails to perform the service re-
23 quired of him under this subsection within the period pre-
24 scribed by the Secretary is obligated to repay to the United
25 States an amount equal to three times the cost of the trainee-

1 ship (including stipends and allowances) plus interest at the
2 maximum legal rate at the time of payment of the trainee-
3 ship, multiplied, in any case in which the service so required
4 has been performed in part, by the percentage which the
5 length of the service so performed is of the length of the
6 service so required to be performed.

7 “(4)(A) In the case of any individual any part of whose
8 obligation to perform service under this subsection exists at
9 the same time as any part of his obligation to perform service
10 under section 752 or 753 (because of receipt of a scholarship
11 under subpart IV of part C of title VII) or his obligation to
12 perform service under section 472 (because of receipt of a
13 National Research Service Award thereunder), or both, the
14 same service may not be used to any extent to meet more
15 than one of those obligations.

16 “(B) In any case to which subparagraph (A) is applica-
17 ble and in which one of the obligations is to perform service
18 under section 752 or 753, the obligation to perform service
19 under that section must be met (by performance of the re-
20 quired service or payment of damages) before the obligation
21 to perform service under this subsection or under section
22 472.

23 “(C) In any case to which subparagraph (A) is applica-
24 ble, if any part of the obligation to perform service under
25 section 472 exists at the same time as any part of the obliga-

1 tion to perform service under this subsection, the manner and
 2 time of meeting each obligation shall be prescribed by the
 3 Secretary.”.

4 (b) The amendment made by subsection (a) applies in
 5 the case of any academic year (of any traineeship awarded
 6 under section 303(a)(1) of the Public Health Service Act) be-
 7 ginning after the enactment of this Act if the award for such
 8 academic year is made after such enactment.

9 PART C—AUTHORIZATIONS

10 AUTHORIZATION OF APPROPRIATIONS

11 SEC. 641. (a) There are authorized to be appropriated,
 12 for grants under title I, for grants under title II, and for
 13 grants under title III, \$45,600,000 for the fiscal year ending
 14 September 30, 1980, and such sums as the Congress may
 15 determine for each of the next three fiscal years.

16 (b)(1) There are authorized to be appropriated, for
 17 grants under title IV, \$302,155,000 for the fiscal year
 18 ending September 30, 1980, and such sums as the Congress
 19 may determine for each of the next three fiscal years.

20 (2) For each fiscal year which is subsequent to the fiscal
 21 year ending September 30, 1982, and which is specified
 22 below, there are authorized to be appropriated such sums as
 23 may be necessary to make continuation grants for projects for
 24 which an initial grant was made under title IV (other than
 25 section 401) in or before the fiscal year ending September 30,

1 1983, and which are eligible for such a continuation grant in
2 that subsequent fiscal year—

3 (A) in the case of projects under section 402 or
4 405, the subsequent years are the fiscal years ending
5 September 30, 1984, and the next three fiscal years;

6 (B) in the case of projects under section 403, the
7 subsequent years are the fiscal years ending September
8 30, 1984, and the next six fiscal years;

9 (C) in the case of projects under section 404, the
10 subsequent years are the fiscal years ending September
11 30, 1984, and the next fiscal year;

12 (D) in the case of projects under section 406, the
13 subsequent years are the years for which such projects
14 continue to be eligible for grants under that section.

15 TITLE VII—MISCELLANEOUS

16 COMMUNITY MENTAL HEALTH CENTERS ACT

17 APPROPRIATIONS

18 SEC. 701. No funds may be appropriated under the
19 Community Mental Health Centers Act, other than section
20 231 thereof, for any year period after September 30, 1979.

21 SHORT TITLE

22 SECTION 1. That so much of this Act as precedes title
23 VII, along with the following table of contents, may be cited
24 as the “Mental Health Systems Act”.

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FINDINGS AND PURPOSE

SEC. 2. (a) The Congress hereby finds—

(1) despite significant progress that has been made in making community mental health services available and improving residential mental health facilities since the original community mental health centers legislation was enacted in 1963, unserved and underserved populations remain and certain groups in the population in particular, such as chronically mentally ill individuals, children and youth, elderly individuals, racial or ethnic minorities, women, poor persons, and persons in rural areas, often lack access to adequate private and public sector mental health services and support services;

(2) the process of transferring or diverting chronically mentally ill persons from unwarranted or inappropriate institutionalized settings to their home communities has frequently not been accompanied by a process of providing those persons with the mental health and support services they need in community-based settings or a process of affording training, retraining, and job placement for employees affected by institutional closure and conversion and the establishment of community-based programs;

1 (3) the delivery of mental health and support serv-
2 ices is typically uncoordinated at the individual, local,
3 State, and Federal level, and among concerned
4 local, State, and Federal entities and agencies of
5 government;

6 (4) mentally ill persons are often inadequately
7 served by programs of the Department of Health and
8 Human Services such as medicare, medicaid, supple-
9 mental security income, and social services (under title
10 XX of the Social Security Act), and the programs of
11 the Department of Housing and Urban Development,
12 the Department of Labor, and other Federal agencies;

13 (5) health care systems often lack general health
14 care personnel with adequate mental health training
15 and often lack mental health care personnel, resulting
16 in millions of persons with some level of mental disor-
17 der not receiving appropriate mental health care;

18 (6) present efforts to prevent mental illness
19 through discovery and elimination of its causes and
20 through early detection and treatment are far too
21 limited;

22 (7) a comprehensive and coordinated array of ap-
23 propriate private and public sector mental health and
24 support services for all people in need within a specific
25 geographic area, based upon a cooperative local-State-

1 *Federal partnership, remains the most effective and*
2 *humane way to provide a majority of mentally ill indi-*
3 *viduals with mental health care and needed support;*
4 *and*

5 *(8) because of the rising demand for mental*
6 *health services and wide disparities in the distribution*
7 *of psychiatrists, clinical psychologists, psychiatric*
8 *nurses, and psychiatric social workers, psychiatry is a*
9 *medical shortage specialty, and there are distinct needs*
10 *for the other health professionals.*

11 *(b) It is, therefore, the purpose of this Act to—*

12 *(1) provide and assure an appropriate, coordinat-*
13 *ed, and accountable network of comprehensive commu-*
14 *nity-based mental health services through the private*
15 *and public sector for all persons in need of such serv-*
16 *ices, which is sufficiently flexible to respond to chang-*
17 *ing community circumstances, to the diverse cultural*
18 *and ethnic backgrounds of individuals, and to differ-*
19 *ences in race, sex, and age among individuals;*

20 *(2) improve and initiate mental health and sup-*
21 *port services for unserved and underserved populations,*
22 *particularly chronically mentally ill individuals, chil-*
23 *dren and youth, elderly individuals, racial and ethnic*
24 *minorities, women, poor persons, persons in rural*
25 *areas, and any other group with special need;*

1 (3) encourage innovative programs for preventing
2 mental illness and promoting mental health and pro-
3 vide for a specific administrative structure within the
4 Federal Government to direct such efforts;

5 (4) provide more flexibility in the funding of
6 mental health services and encourage development of a
7 partnership in the delivery of mental health services
8 and related support services among private providers
9 and local, State, and Federal governments;

10 (5) facilitate State efforts to carry out the State
11 responsibility for—

12 (A) providing or arranging for the provision
13 of appropriate care for those adults and children
14 whose mental illnesses are so severe that they re-
15 quire inpatient care on a short-term or long-term
16 basis;

17 (B) bringing about the transition from an
18 institution-based service system (including skilled
19 nursing and intermediate care facilities) to a com-
20 munity-based service system by providing those
21 discharged or diverted from institutions, or who
22 might otherwise be sent there, with the opportuni-
23 ty for appropriate mental health and support serv-
24 ices through a comprehensive system of communi-
25 ty mental health and support services and by pro-

1 *viding training, retraining, and job placement for*
2 *personnel displaced by institutional closures and*
3 *conversions and the development of community-*
4 *based services;*

5 *(C) coordinating the mental health services*
6 *provided in the State with related support services*
7 *provided in the State;*

8 *(D) ensuring the adequacy and fiscal sound-*
9 *ness of all mental health and support services*
10 *within the State through the mental health plan-*
11 *ning process; and*

12 *(E) fostering the most effective use of pri-*
13 *vate, local, State and Federal resources (includ-*
14 *ing private and public forms of health insurance)*
15 *by promoting the coordinated delivery of, and*
16 *planning for, mental health and support services*
17 *at and among all levels of activity and govern-*
18 *ment; and*

19 *(6) promote evaluation of the mental health deliv-*
20 *ery system, particularly with regard to its effectiveness*
21 *in meeting the needs of priority population groups.*

22 *DEFINITIONS*

23 *SEC. 3. For the purposes of this Act, unless the context*
24 *otherwise requires, the term—*

1 (1) "State" includes (in addition to the fifty
2 States) the District of Columbia, the Commonwealth of
3 Puerto Rico, the Virgin Islands, Guam, American
4 Samoa, the Trust Territory of the Pacific Islands, and
5 the Northern Mariana Islands;

6 (2) "Governor" means, the chief executive officer
7 of a State;

8 (3) "Secretary" means the Secretary of Health
9 and Human Services;

10 (4) "nonprofit", as applied to any entity, means
11 an entity which is owned and operated by one or more
12 corporations or associations no part of the net earnings
13 of which inures or may lawfully inure to the benefit of
14 any private shareholder or person;

15 (5) "mental health service area" means a geo-
16 graphic area established for the purpose of planning
17 and providing mental health services in accordance
18 with section 103 of this Act;

19 (6) "State health plan" means the plan prepared
20 in accordance with title XV of the Public Health Serv-
21 ice Act;

22 (7) "mental health services" means the treatment
23 provided by the private or public sector which reason-
24 ably can be expected to ameliorate a nervous, mental,
25 or emotional disorder, or which reasonably can be ex-

1 pected to prevent the decline of or improve a person's
2 level of mental functioning;

3 (8) "support services" means health services
4 (other than mental health services), and the education-
5 al, rehabilitation, vocational, housing, and social serv-
6 ices, and other services specified by the Secretary;

7 (9) "priority population group" means any group
8 which is determined by the Secretary to have special
9 mental health needs and to be unserved or underserved
10 by mental health service programs, such as but not
11 limited to chronically mentally ill individuals, children
12 and youth, elderly individuals, any racial or ethnic
13 minority, women, Indians and urban Indians (as those
14 terms are defined in the Indian Health Care Improve-
15 ment Act), Native Hawaiians, the poor, rural resi-
16 dents, and victims of violence or disaster;

17 (10) "comprehensive mental health services"
18 means the services described in section 201(b) of the
19 Community Mental Health Centers Act (as amended
20 by this Act);

21 (11) "community mental health center" means an
22 entity which either through its staff and supporting re-
23 sources or through contracts or cooperative arrange-
24 ments with other public or private entities provides

those services described in paragraph (10) of this section; and

(12) "contract" means a cooperative agreement as described in section 6 of the Federal Grant and Cooperative Agreement Act of 1977 and shall not be governed by the provisions of volume 41, chapters 1 and 3, of the Code of Federal Regulations.

TITLE I—STATE MENTAL HEALTH SYSTEM

CONDITION OF FEDERAL FUNDING

SEC. 101. In order for any entity in a State to receive funding under this Act, the State shall meet the requirements of this title.

DESIGNATION AND FUNCTIONS OF STATE AGENCIES

SEC. 102. Each State shall designate an agency or authority to act as the State administrative agency with regard to mental health services. Such agency shall be referred to in this Act as the "State Agency." The State Agency shall divide the State into, and designate, mental health service areas in accordance with section 103 and shall prepare, consistent with the mental health provisions of the State health plan described in section 104, a State mental health operations program which meets the requirements of section 105.

MENTAL HEALTH SERVICE AREAS

SEC. 103. (a) Within one year after the effective date of this Act, each State Agency shall divide the State into, and

1 *designate, mental health service areas. Each mental health*
2 *service area shall be a geographic region appropriate for the*
3 *effective development, delivery, and coordination of mental*
4 *health services in such area. Prior to designating mental*
5 *health service areas, the State Agency shall conduct hearings*
6 *relating to the designation of such areas, and all interested*
7 *persons shall be afforded an opportunity to participate in*
8 *such hearings. In designating mental health service areas,*
9 *the State Agency shall consider the following factors:*

10 *(1) the optimum number of persons to be served*
11 *in each area;*

12 *(2) the accessibility of services to persons in each*
13 *area;*

14 *(3) the cultural needs of the area;*

15 *(4) preexisting geographic boundaries related to*
16 *the provision of mental health and other services; and*

17 *(5) the boundaries of the health service areas of*
18 *the State established pursuant to title XV of the Public*
19 *Health Service Act.*

20 *(b) The boundaries of each mental health service area*
21 *shall be within or conform to the boundaries of a health serv-*
22 *ice area established pursuant to title XV of the Public Health*
23 *Service Act.*

1 *MENTAL HEALTH PROVISIONS OF THE STATE HEALTH*
2 *PLAN*

3 *SEC. 104. Each State health plan prepared pursuant to*
4 *title XV of the Public Health Service Act shall contain, in*
5 *an identifiable place or places, provisions relating to—*

6 *(1) the need for mental health services in the*
7 *State;*

8 *(2) the special mental health service needs in the*
9 *State of chronically mentally ill individuals (including*
10 *chronically mentally ill individuals who are multiply*
11 *handicapped), emotionally disturbed children and ado-*
12 *lescents, elderly individuals, and other priority popula-*
13 *tion groups;*

14 *(3) the adequacy of public and private mental*
15 *health facilities and services available in the State;*

16 *(4) mental health service priorities in the State;*

17 *(5) geographic, cultural, linguistic, and economic*
18 *barriers with respect to the delivery of mental health*
19 *services in the State;*

20 *(6) the coordination of mental health services with*
21 *health and other services;*

22 *(7) the measures which need to be taken to assure*
23 *that statistics and other information collected with*
24 *regard to the provision of mental health services con-*
25 *form to such criteria, standards, and other require-*

1 *ments relating to form, method of collection, content,*
2 *and confidentiality as have been prescribed by the Sec-*
3 *retary; and*

4 *(8) such additional requirements as the Secretary*
5 *may prescribe to carry out the provisions of title XV of*
6 *the Public Health Service Act and this Act.*

7 *MENTAL HEALTH OPERATIONS PROGRAM*

8 *SEC. 105. (a) Each State Agency shall prepare, con-*
9 *sistent with the mental health provisions of the State health*
10 *plan described in section 104 and after consultation with the*
11 *Statewide Health Coordinating Council established pursuant*
12 *to title XV of the Public Health Service Act, a mental health*
13 *operations program.*

14 *(b) The mental health operations program required*
15 *under subsection (a) shall—*

16 *(1) identify the mental health service areas within*
17 *the State;*

18 *(2) identify the need in each mental health service*
19 *area of the State for mental health and related support*
20 *services after consideration of—*

21 *(A) the demographic, economic, cultural, and*
22 *social characteristics of the population of the area,*
23 *and*

24 *(B) the services and activities needed in the*
25 *area for the prevention of mental illness;*

1 (3) identify the special mental health services
2 needs in each mental health service area of chronically
3 mentally ill individuals (including chronically mental-
4 ly ill individuals who are multiply handicapped), emo-
5 tionally disturbed children and adolescents, elderly in-
6 dividuals, and other priority population groups;

7 (4) identify and evaluate the public and private
8 mental health facilities, the mental health personnel,
9 and the mental health services available in each mental
10 health service area, and determine the additional facili-
11 ties, personnel, and services necessary to meet the
12 mental health needs of each area;

13 (5) identify the methods used (A) to determine the
14 mental health needs of each mental health service area,
15 and (B) to evaluate the facilities, personnel, and serv-
16 ices of each mental health service area;

17 (6) list the mental health service needs of each
18 mental health service area in the order of priority that
19 such needs should be addressed through the use of ex-
20 isting Federal, State, and local resources;

21 (7) identify measures which need to be taken to
22 alleviate geographic, cultural, linguistic, and economic
23 barriers with respect to the delivery of mental health
24 services;

1 (8) identify measures which need to be taken to
2 assure that mental health services will be provided in a
3 manner respectful of each individual's human dignity,
4 and with attention to continuity and quality of care;

5 (9) identify the legal rights of persons in the
6 State who are mentally ill or otherwise mentally
7 handicapped in addition to the rights provided under
8 title III of this Act, and describe any measures which
9 need to be taken to protect all such rights; and

10 (10) identify the measures which need to be taken
11 to coordinate the provision of mental health services,
12 including mental health services and support services
13 for chronically mentally ill individuals and other pri-
14 ority population groups.

15 (c) The mental health operations program required
16 under subsection (a) shall also describe in specific terms how
17 the State agency will—

18 (1) ensure the continued provision of appropriate
19 services which have been provided in the past by local
20 entities in the State, which entities have received Fed-
21 eral funding under the Community Mental Health
22 Centers Act and this Act, but which entities may in
23 the future become ineligible for Federal funding under
24 this Act;

1 (2) *promote the development of comprehensive*
2 *mental health services in each mental health service*
3 *area where such services are currently unavailable;*

4 (3) *ensure, within a five-year period after the pro-*
5 *gram is prepared (or within such other period as the*
6 *State Agency justifies and the Secretary determines to*
7 *be reasonable), that—*

8 (A) *residents of public inpatient psychiatric*
9 *facilities who are inappropriately placed in such*
10 *facilities are identified, discharged, and, to the*
11 *extent appropriate, placed in the least-restrictive*
12 *settings and provided mental health and support*
13 *services appropriate to such persons' level of*
14 *functioning;*

15 (B) *persons who need to be placed in mental*
16 *health facilities are placed in least-restrictive set-*
17 *tings and provided mental health and support*
18 *services appropriate to such persons' level of func-*
19 *tioning; and*

20 (C) *persons who are discharged from, or are*
21 *in need of placement in, mental health facilities*
22 *shall—*

23 (i) *upon discharge or prior to place-*
24 *ment, be informed of available community-*
25 *based facilities and programs providing*

1 *mental health and related support services,*
2 *and*

3 *(ii) have access to a sufficient number*
4 *of adequately staffed and adequately funded*
5 *community-based facilities and programs*
6 *providing mental health and related support*
7 *services;*

8 *(4) promote the development of adequate mental*
9 *health services for chronically ill individuals and other*
10 *priority population groups;*

11 *(5) promote the prevention of mental illness;*

12 *(6) assist the courts and other public agencies,*
13 *and appropriate private agencies, in screening persons*
14 *being considered for inpatient care in mental health*
15 *facilities in the State in order to determine if such care*
16 *is medically or psychologically indicated;*

17 *(7) comply with regulations prescribed by the*
18 *Secretary of Labor pursuant to section 212(b) of this*
19 *Act; and*

20 *(8) made adequate provisions for the development*
21 *of planning and service delivery staffs with appropriate*
22 *training and experience at both the local and State*
23 *levels.*

24 *(d) The mental health operations program required*
25 *under subsection (a) shall—*

1 (1) describe the financial commitment and ability
2 of the State to implement the provisions of subsection
3 (c);

4 (2) include an analysis of the services made
5 available for mentally ill individuals in the State
6 under titles IV(A), V, XVI, XVIII, XIX, and XX of
7 the Social Security Act, the Education for All Handi-
8 capped Children Act, the Older Americans Act, the
9 Developmental Disabilities Assistance and Bill of
10 Rights Act, the Comprehensive Alcohol Abuse and Al-
11 cohoolism Prevention, Treatment, and Rehabilitation
12 Act of 1973, the Drug Abuse Office and Treatment
13 Act, and other relevant Federal statutes; and

14 (3) describe the steps being taken in the State to
15 coordinate the provision of services under this Act with
16 the provision of services under the aforementioned Acts.

17 (e) In preparing the mental health operations program
18 required under subsection (a), the State Agency shall consult
19 with a State advisory council, which council shall include:

20 (1) representatives of consumers and providers of
21 mental health services in the State who are familiar
22 with the need for such services, and

23 (2) representatives of nongovernment organiza-
24 tions or groups, and of State Agencies, concerned with
25 the planning, operation, or use of such services.

1 *Such representatives of consumers shall constitute a majority*
2 *of the members of such council.*

3 *ENFORCEMENT*

4 *SEC. 106. (a) Whenever the Secretary determines that*
5 *there has been a substantial and persistent failure to comply*
6 *with the requirements of this title, the Secretary shall notify*
7 *the appropriate State Agency that further payments under*
8 *this Act will not be made to any entity in the State, includ-*
9 *ing the State Agency, until the Secretary is satisfied that*
10 *such failure has been or will be corrected. After providing*
11 *such notice and the opportunity for an informal hearing in*
12 *the State, if the Secretary reaffirms the determination that*
13 *there has been a substantial and persistent failure to comply*
14 *with the requirements of this title, the Secretary shall make*
15 *no further payments under this Act to any entity in the*
16 *State, including the State Agency, until the Secretary is sat-*
17 *isfied that such failure has been or will be corrected.*

18 *(b)(1) Notwithstanding the provisions of subsection (a),*
19 *the Secretary may continue to make payments to any entity*
20 *in a State, other than the State Agency, which received fund-*
21 *ing under the Community Mental Health Centers Act prior*
22 *to October 1, 1979, if the Secretary determines that—*

23 *(A) such entity in no way contributed to the fail-*
24 *ure to comply with the requirements of this title which*

1 *led to the termination of payments under subsection*
2 *(a), and*

3 *(B) payments have been terminated under subsec-*
4 *tion (a) for at least one month.*

5 *(2) No entity receiving payments pursuant to paragraph*
6 *(1) may receive such payments for more than eight years.*

7 *TITLE II—COMMUNITY SERVICES*

8 *PART A—CONTRACT AUTHORITY*

9 *CONTRACTS*

10 *SEC. 201. (a) The Secretary may enter into contracts*
11 *with public and nonprofit private entities, including State*
12 *Agencies, for the purpose of assisting such entities to provide*
13 *the services described in part B of this title.*

14 *(b) No contract may be entered into under subsection*
15 *(a) unless an application has been submitted to and selected*
16 *by the Secretary in accordance with parts C, D, and E of*
17 *this title.*

18 *(c) The Secretary shall determine the amount of any*
19 *contract entered into under this title, but in no case may such*
20 *amount be more than the amount permitted under section*
21 *223.*

PART B—TYPES OF SERVICES

SERVICES FOR CHRONICALLY MENTALLY ILL

INDIVIDUALS

SEC. 202. (a) For purposes of this subsection, the Secretary may enter into contracts with public or nonprofit private entities other than a State Agency for the provision of mental health and related support services to chronically mentally ill individuals. A contract entered into under this subsection shall provide for at least one of the following:

(1) identifying and providing outreach to chronically mentally ill individuals located in inpatient facilities, boarding homes, nursing homes, intermediate care facilities, residential care facilities, group homes, and other community settings, and identifying the barriers preventing chronically mentally ill individuals from receiving needed services and devising and implementing measures to eliminate such barriers;

(2) making available to each chronically mentally ill individual a case manager to assume responsibility for coordinating the provision of mental health services and, as needed, related support services for such individual, and assuring the availability of outreach services, including information and counseling for the families and employers of chronically mentally ill individuals; and

(3) developing, in collaboration with other health, mental health, and human services agencies, community support services not otherwise available to chronically mentally ill individuals (such as screening and referral, followup care, alternatives to hospitalization, assistance in applying for entitlements, crisis stabilization, psychosocial rehabilitation, and supportive living and working arrangements) in order to reduce the dependency of, and increase the potential of, individuals receiving such services, and arranging for the provision of such services in cooperation with such other agencies or entities.

(b) For purposes of this subsection, the Secretary may enter into contracts with a State Agency for the provision of mental health and related support services to chronically mentally ill individuals. A contract entered into under this subsection shall provide for at least one of the following:

(1) assisting mental health service areas in the continuing process of identifying chronically mentally ill individuals in need of mental health and related support services, planning the provision of such services, and carrying out such plans;

(2) assessing the needs of chronically mentally ill individuals throughout the State, identifying local, State, and Federal barriers preventing chronically

1 *mentally ill individuals from receiving needed services,*
2 *and devising and implementing measures to eliminate*
3 *such barriers;*

4 (3) *improving the skills of personnel providing*
5 *services to chronically mentally ill individuals by pro-*
6 *viding or arranging for the provision of inservice train-*
7 *ing, other training, or retraining for such personnel;*

8 (4) *providing or arranging for the provision of job*
9 *placement for, and training and retraining of, employ-*
10 *ees of public inpatient psychiatric facilities at which*
11 *there has been a reduction in the need for such employ-*
12 *ees in order to train and place such employees in set-*
13 *tings where such employees can perform comparable*
14 *work; and*

15 (5) *coordinating the operations of State agencies*
16 *or intrastate regional agencies responsible for mental*
17 *health and related support services for chronically*
18 *mentally ill individuals, and coordinating the provision*
19 *of mental health and support services for chronically*
20 *mentally ill individuals with the provision of services*
21 *under titles IVb, V, XVI, XVIII, XIX, and XX of*
22 *the Social Security Act, the Rehabilitation Act of*
23 *1973, the United States Housing Act, the Comprehen-*
24 *sive Employment and Training Act, the Developmental*
25 *Disabilities Assistance and Bill of Rights Act, the*

1 *Older Americans Act, and other Federal and State*
2 *statutes.*

3 *SERVICES FOR SEVERELY DISTURBED CHILDREN AND*
4 *ADOLESCENTS*

5 *SEC. 203. The Secretary may enter into contracts with*
6 *public and nonprofit private entities for the provision of*
7 *mental health and related support services to severely dis-*
8 *turbed children and adolescents. A contract entered into*
9 *under this section shall provide for at least one of the*
10 *following:*

11 *(1) identifying and assessing the needs of severely*
12 *disturbed children and adolescents, and providing*
13 *needed services which are not provided by existing*
14 *programs;*

15 *(2) assuring the availability of appropriate per-*
16 *sonnel responsible for providing, or arranging for the*
17 *provision of, mental health and related support services*
18 *needed by severely disturbed children and adolescents;*

19 *(3) coordinating the provision of mental health*
20 *and related support services available to severely dis-*
21 *turbed children and adolescents with the activities of*
22 *community agencies and State agencies and with the*
23 *provision of services available pursuant to titles IV(b),*
24 *V, XVI, XIX, and XX of the Social Security Act, the*
25 *Education for All Handicapped Children Act, the De-*

1 *velopmental Disabilities Assistance and Bill of Rights*
2 *Act, the Rehabilitation Act of 1973, and other Federal*
3 *and State statutes;*

4 (4) *establishing cooperative arrangements with ju-*
5 *venile justice authorities, educational authorities, and*
6 *other authorities and agencies that come in contact*
7 *with severely disturbed children and adolescents to*
8 *ensure referral of such children and adolescents to ap-*
9 *propriate mental health and related support services;*

10 (5) *establishing self-help groups and crisis sup-*
11 *port programs for children and adolescents and their*
12 *families; and*

13 (6) *providing auxiliary mental health services to*
14 *handicapped children served under the Education for*
15 *all Handicapped Children Act.*

16 *SERVICES FOR ELDERLY INDIVIDUALS*

17 *SEC. 204. The Secretary may enter into contracts with*
18 *public and nonprofit private entities for the provision of*
19 *mental health and support services to elderly individuals. A*
20 *contract entered into under this section shall provide for out-*
21 *reach activities and for at least one of the following:*

22 (1) *identifying and assessing the mental health*
23 *needs of elderly individuals and providing needed serv-*
24 *ices which are not provided by existing programs;*

1 (2) *assuring the availability of appropriate per-*
2 *sonnel responsible for providing, or arranging for the*
3 *provision of, mental health and related support services*
4 *needed by elderly individuals;*

5 (3) *coordinating the provision of mental health*
6 *and related support services available to elderly indi-*
7 *viduals with the area agency on aging (as defined in*
8 *the Older Americans Act) and other community agen-*
9 *cies providing mental health and related support serv-*
10 *ices for elderly individuals and with the provision of*
11 *services available pursuant to titles XVI, XVIII,*
12 *XIX, and XX of the Social Security Act, the Older*
13 *Americans Act, the Comprehensive Alcohol Abuse and*
14 *Alcoholism Prevention, Treatment, and Rehabilitation*
15 *Act, the Drug Abuse Office and Treatment Act, the*
16 *United States Housing Act, the Domestic Volunteer*
17 *Service Act of 1973, and other Federal and State*
18 *statutes;*

19 (4) *providing mental health services to elderly in-*
20 *dividuals in, and staff training for employees of, nurs-*
21 *ing homes, intermediate care facilities, boarding homes,*
22 *senior centers, and ongoing self-help groups and crisis*
23 *support programs; and*

24 (5) *providing medical differential diagnoses for el-*
25 *derly individuals in order to distinguish between and*

1 *establish the need for mental health services and other*
 2 *medical care prior to receiving treatment.*

3 *SERVICES FOR PRIORITY POPULATION GROUPS*

4 *SEC. 205. The Secretary may enter into contracts with*
 5 *public and nonprofit private entities for the provision of*
 6 *mental health and support services to priority population*
 7 *groups other than chronically mentally ill individuals, se-*
 8 *verely disturbed children and adolescents, and elderly indi-*
 9 *viduals. A contract under this section shall promote compre-*
 10 *hensive mental health services, where appropriate, for such*
 11 *priority population group.*

12 *PREVENTION OF MENTAL ILLNESS AND PROMOTION OF*
 13 *MENTAL HEALTH*

14 *SEC. 206. (a) The Secretary may enter into contracts*
 15 *with public and nonprofit private entities for programs to*
 16 *prevent mental illness and promote mental health. A contract*
 17 *under this section shall focus upon population groups that*
 18 *have a higher incidence, or greater risk, of mental illness*
 19 *than other population groups. A contract entered into under*
 20 *this section may be for, but need not be limited to, a program*
 21 *to—*

22 *(1) educate the general public regarding mental*
 23 *health problems and mental illness, prevention of*
 24 *mental health problems and mental illness, and promo-*
 25 *tion of mental health;*

(2) improve the ability of health, social service, and other human services personnel to identify mental illness in individuals and assure appropriate care;

(3) provide screening, consultation, referral, and education in public school systems and in the work place in order to detect early and prevent mental health problems and promote mental health;

(4) organize self-help groups for populations that have a higher incidence, or greater risk, of mental illness than other population groups; and

(5) promote measures to manage and reduce stress.

(b) Programs supported under this section shall be consistent with national goals and priorities regarding the prevention of mental illness and promotion of mental health determined by the Director of the National Institute of Mental Health pursuant to section 455 of the Public Health Service Act.

COMMUNITY MENTAL HEALTH CENTERS

SEC. 207. (a) The Secretary may enter into contracts with public and nonprofit private entities for the provision of comprehensive mental health services by a community mental health center.

(b) A community mental health center which provides services pursuant to this section shall comply with all appli-

1 cable provisions of the Community Mental Health Centers
2 Act and shall also establish, in accordance with regulations
3 prescribed by the Secretary a quality assurance program
4 which includes—

5 (1) multidisciplinary peer review and utilization
6 evaluation;

7 (2) a secure system of recordkeeping that—

8 (A) integrates physical and mental health
9 records, and

10 (B) is in accordance with applicable Federal
11 and State laws respecting confidentiality of and
12 access to such records;

13 (3) a multidisciplinary professional advisory
14 board; and

15 (4) an identifiable administrative unit responsible
16 for providing consultation and education services.

17 (c) The provision of services by a community mental
18 health center in a mental health service area under this sec-
19 tion shall be coordinated as appropriate with the provision of
20 services by other mental health, health and social service pro-
21 grams and agencies (including public inpatient psychiatric
22 facilities) serving residents of the mental health service area.
23 Services may be provided under this section—

1 (1) *at a community mental health center, or at a*
2 *satellite facility, located in the mental health service*
3 *area;*

4 (2) *by the staff of the community mental health*
5 *center, or through appropriate arrangement with other*
6 *health professionals and other providers located in the*
7 *mental health service area; and*

8 (3) *in the case of inpatient, emergency, partial*
9 *hospitalization services, or certain specialized services,*
10 *by health professionals or agencies, pursuant to appro-*
11 *priate arrangements, in any location that is readily ac-*
12 *cessible to residents of the mental health service area.*

13 (d) *All services provided under this section shall be ac-*
14 *cessible and promptly available to residents of the mental*
15 *health service area. Such services shall assure continuity and*
16 *quality of care, and shall take into account the cultural, eco-*
17 *nomie, and social characteristics of the population to be*
18 *served.*

19 NON-REVENUE-PRODUCING SERVICES

20 SEC. 208. (a) *The Secretary may enter into contracts*
21 *with public and nonprofit private entities for the provision of*
22 *non-revenue-producing services. A contract entered into*
23 *under this section shall require the provision of such services*
24 *by an existing community mental health center, or, if no*
25 *such center is providing services in a mental health service*

1 area, by any other entity providing mental health services in
2 the mental health service area.

3 (b) Services provided under this section may include—

4 (1) consultation and education services (as de-
5 scribed in section 201(b) of the Community Mental
6 Health Centers Act);

7 (2) evaluation of the mental health services pro-
8 gram of a community mental health center;

9 (3) case management; and

10 (4) any other nonrevenue producing service which
11 has been determined to be appropriate by the Secre-
12 tary.

13 LINKAGES BETWEEN HEALTH CARE SETTINGS AND
14 MENTAL HEALTH SERVICES

15 SEC. 209. (a) The Secretary may enter into contracts
16 with any public or nonprofit private entity providing mental
17 health services, or having in effect a written agreement with
18 another entity providing mental health services, for the pur-
19 pose of ensuring linkages between health facilities and pro-
20 grams, nursing homes, and intermediate care facilities and
21 mental health facilities and programs.

22 (b) A contract entered into under this section shall—

23 (1) identify individuals in need of mental health
24 services in health care facilities, nursing homes, and
25 intermediate care facilities; and

(2) provide, or arrange for the provision of, mental health and related support services for such individuals, including 24 hour emergency services, outpatient services, and consultation and education services (as described in section 201(b) of the Community Mental Health Centers Act).

PART C—APPLICATION REQUIREMENTS

SEC. 210. (a) An application for a contract under this title may omit any service or other requirement required to be provided or met under section 202 through 209 if the application demonstrates that the service or requirement is already being provided or met to such an extent that the allocation of additional resources to provide the service or to meet the requirement is unnecessary. Any application omitting a service or requirement under this subsection shall demonstrate to the satisfaction of the Secretary that the entity submitting the application has identified another entity providing the service or meeting the requirement and has established a cooperative working agreement with such entity.

(b) An application for a contract under this title shall be submitted in accordance with the provisions of this part and applicable regulations prescribed by the Secretary. Such application shall contain or be accompanied by—

(1) a statement of the objectives of the services to be provided;

1 (2) *information regarding the organization and*
2 *operation of the entity submitting the application;*

3 (3) *a financing plan and budget for the fiscal*
4 *year for which funding is sought (and such additional*
5 *period as the Secretary may require), indicating for*
6 *each service to be provided the sources of funding for*
7 *the service;*

8 (4) *the schedule of fees to be charged for services*
9 *to be provided, and the discounts to be allowed (to indi-*
10 *viduals unable to pay in full) on the basis of relative*
11 *inability to pay for a service, and satisfactory assur-*
12 *ances that the entity submitting the application will*
13 *make every reasonable effort to collect fees for such*
14 *services;*

15 (5) *satisfactory assurances that funds made avail-*
16 *able under this Act will be used to supplement and, to*
17 *the extent practicable, increase the level of non-Federal*
18 *funding for the services provided, and that such Feder-*
19 *al funds shall not supplant non-Federal funds except*
20 *when necessary to carry out the purposes of this Act;*

21 (6) *satisfactory assurances that measures have*
22 *been taken by the entity submitting the application to*
23 *consult with members of the group or groups to be*
24 *served, members of the public, and affected organiza-*
25 *tions and agencies during the development of the appli-*

1 *cation, and to give reasonable opportunities to members*
2 *of such groups, members of the public, and interested*
3 *organizations and agencies to comment on the*
4 *application;*

5 *(7) where substantial portions of the population to*
6 *be served are of limited English-speaking ability, or*
7 *bicultural, or both, a description of how the entity will*
8 *provide services in appropriate languages and cultural*
9 *contexts and the extent to which staff will be bilingual*
10 *and bicultural;*

11 *(8) a description of the efforts made by the entity*
12 *submitting the application, and the efforts to be made*
13 *by such entity, to coordinate the services to be provided*
14 *with other mental health and support services in the*
15 *same area;*

16 *(9) such satisfactory assurances as are required*
17 *as conditions of eligibility under part D of this title;*

18 *(10) information regarding the extent to which*
19 *and manner in which the entity has served chronically*
20 *mentally ill individuals in prior years (if such service*
21 *has been provided) and proposes to serve chronically*
22 *mentally ill individuals during the fiscal year in*
23 *which funding is sought under this title (if such service*
24 *is proposed);*

1 (11) *satisfactory assurances that the entity sub-*
 2 *mitting the application shall submit such reports, at*
 3 *such times and containing such information, as the*
 4 *Secretary may request, maintain such records as the*
 5 *Secretary may find necessary for purposes of this Act,*
 6 *and afford the Secretary and the Comptroller General*
 7 *of the United States access to such records and other*
 8 *documents as may be necessary for an effective audit*
 9 *of each service or activity;*

10 (12) *statistics and other information requested by*
 11 *the Secretary necessary to evaluate the compliance of*
 12 *the application with the requirements of this Act; and*

13 (13) *such other information and material and*
 14 *such other assurances as the Secretary may prescribe*
 15 *in order to carry out the purposes of this Act.*

16 PART D—APPLICANT ELIGIBILITY

17 ELIGIBILITY REQUIREMENTS: IN GENERAL

18 SEC. 211. (a)(1) *In order to be eligible to enter into a*
 19 *contract under this title, an entity shall—*

20 (A) *in the case of an entity, other than a public*
 21 *entity or a hospital, which seeks to provide comprehen-*
 22 *sive services through a community mental health cen-*
 23 *ters pursuant to section 207, or which has as its pri-*
 24 *mary purpose the provision of services which are*

1 funded under this Act, provide satisfactory assurances
2 to the Secretary that it has a governing board which—

3 (i) is composed, where practicable, of indi-
4 viduals who reside in the entity's mental health
5 service area and who, as a group, represent the
6 residents of that area, taking into considering
7 their employment, age, sex, and place of resi-
8 dence, and other demographic characteristics of
9 the area, provided that at least one half of the
10 members of such board shall be individuals who
11 are not providers of health care, and

12 (ii) meets at least once a month, establishes
13 general policies for the entity (including a sched-
14 ule of hours during which services will be pro-
15 vided), approves the entity's annual budget, and
16 approves the selection of a director for the entity;
17 or

18 (B) in the case of any entity not described in sub-
19 paragraph (A), provides satisfactory assurances to the
20 Secretary that it has an advisory committee which—

21 (i) is composed of individuals who reside in
22 the entity's mental health service area and are
23 representative of the residents of the area as to
24 employment, age, sex, place of residence, and
25 other demographic characteristics of the area: Pro-

1 *vided, That at least one half of the members of*
 2 *such committee shall be individuals who are not*
 3 *providers of health care, and*

4 *(ii) advises the entity with respect to the pro-*
 5 *vision of services which are funded under this*
 6 *Act.*

7 *For the purposes of this paragraph, the term "provider of*
 8 *health care" shall have the same meaning as under section*
 9 *201(c)(2) of the Community Mental Health Centers Act.*

10 *(2) Notwithstanding paragraph (1), any public or non-*
 11 *profit private entity receiving a grant or entering into a con-*
 12 *tract under section 328 of the Public Health Service Act (re-*
 13 *lating to hospital-affiliated primary care centers), section 329*
 14 *of the Public Health Service Act (relating to migrant health*
 15 *centers) or section 330 of the Public Health Service Act (re-*
 16 *lating to community health centers) shall be eligible for a*
 17 *contract under this title.*

18 *(b)(1) In order to be eligible to enter into a contract*
 19 *under this title to provide services pursuant to sections 202,*
 20 *203, 204, 205, 206, or 209 in any mental health service*
 21 *area—*

22 *(A) in the case of an entity other than a State*
 23 *Agency, such entity shall provide satisfactory assur-*
 24 *ances to the Secretary that it has negotiated in good*
 25 *faith regarding, or secured, a contract or agreement*

1 with any entity providing comprehensive mental health
2 services through a community mental health center in
3 the mental health service area concerning such entities'
4 mutual responsibilities, and

5 (B) in the case of a State Agency, such State
6 Agency shall provide satisfactory assurances to the
7 Secretary that it has made a good faith effort to coordi-
8 nate, or has coordinated, with any entity providing
9 comprehensive mental health services through a
10 community mental health center in the mental health
11 service area concerning such entities' mutual
12 responsibilities.

13 (2) In order to be eligible to enter into a contract under
14 this title to provide services pursuant to section 207 or 208 in
15 any mental health service area—

16 (A) in the case of an entity other than a State
17 Agency, such entity shall provide satisfactory assur-
18 ances to the Secretary that it has negotiated in good
19 faith regarding, or secured, a contract or agreement
20 with any other entity providing mental health services
21 in the mental health service area concerning such enti-
22 ties' mutual responsibilities, and

23 (B) in the case of a State Agency, such State
24 Agency shall provide satisfactory assurances to the
25 Secretary that it has made a good faith effort to coordi-

1 *nate, or has coordinated, with any other entity provid-*
 2 *ing mental health services in the mental health service*
 3 *area concerning such entities' mutual responsibilities.*

4 *(c) In order to be eligible to enter into a contract under*
 5 *this title, an entity shall provide satisfactory assurances to*
 6 *the Secretary that any application for a contract submitted*
 7 *by such entity is consistent with the State health plan of the*
 8 *State.*

9 *ELIGIBILITY REQUIREMENTS FOR STATE AGENCIES*

10 *SEC. 212. (a) In order to be eligible to enter into a*
 11 *contract under this title, a State Agency shall provide satis-*
 12 *factory assurances to the Secretary that local public and non-*
 13 *profit private entities have been included as providers of serv-*
 14 *ice to the maximum extent possible.*

15 *(b)(1) In order to be eligible to enter into a contract*
 16 *under this title, a State Agency shall be certified to be in*
 17 *compliance with the regulations established pursuant to para-*
 18 *graph (2).*

19 *(2) The Secretary of Labor, after publishing a notice in*
 20 *the Federal Register and providing an opportunity for con-*
 21 *sultation for the Governor of any State and the Secretary of*
 22 *Health and Human Services, shall establish regulations*
 23 *which require fair and equitable arrangements to protect the*
 24 *interests of employees adversely affected by actions taken to*
 25 *emphasize outpatient treatment of mentally ill individuals,*

1 *against a worsening of such employees' positions with respect*
 2 *to their employment, including those arrangements that are*
 3 *required by section 1642(c)(1) of the Public Health Service*
 4 *Act. In applying this subsection the Secretary of Labor may,*
 5 *to the extent feasible consistent with the principal objective of*
 6 *protecting against a worsening of the positions of affected em-*
 7 *ployees, take into account the States financial circumstances*
 8 *and their legal requirements.*

9 (3) *The Secretary of Labor shall certify which States,*
 10 *which have applied for funding under this title, are in com-*
 11 *pliance with the regulations required by paragraph (2), and*
 12 *shall provide the Secretary of Health and Human Services*
 13 *with a list of States so certified.*

14 *ELIGIBILITY REQUIREMENTS FOR STATE AGENCIES*

15 *SEEKING TO BE EXCLUSIVE CONTRACTORS*

16 *SEC. 213. (a)(1) A State Agency may be the exclusive*
 17 *contractor of services for a State under this title if—*

18 (A) *such State Agency complies with the provi-*
 19 *sions of this section, and*

20 (B) *the Secretary enters into an exclusive con-*
 21 *tract with such State Agency under section 217.*

22 (b) *A State Agency, in order to be eligible to enter into a*
 23 *contract to be the exclusive contractor of services for a State*
 24 *under this title, shall demonstrate to the satisfaction of the*
 25 *Secretary that it is effectively implementing its mental health*

1 operations program prepared pursuant to section 105, and
2 shall also demonstrate to the satisfaction of the Secretary that
3 it, or another agency of the State, is making a good faith
4 effort to establish and implement procedures for carrying out
5 the requirements of subsection (c).

6 (c)(1) A State Agency, in order to be in compliance with
7 this section, shall monitor the placement in the community of
8 chronically mentally ill individuals discharged or diverted
9 from mental health facilities, and shall prevent overconcen-
10 tration of such individuals in any community or group of
11 communities.

12 (2) A State Agency, in order to be in compliance with
13 this section, shall administer a program of support and place-
14 ment services for chronically mentally ill individuals in the
15 State discharged or diverted from mental health facilities or
16 who may be so discharged or diverted. Such program shall
17 prescribe and enforce minimum standards for the provision of
18 followup care for such individuals by community mental
19 health centers and other appropriate entities. Such program
20 shall include as a minimum the following:

21 (A) Timely notification by the mental health fa-
22 cility to the appropriate community mental health
23 center or other entity concerning the discharge of each
24 chronically mentally ill individual and the placement

1 of such individual in the mental health service area in
2 which the center or other entity is located.

3 (B) A prerelease consultation between the mental
4 health facility and the appropriate community mental
5 health center or other entity with respect to each chron-
6 ically mentally ill individual to be discharged and
7 placed in a community. Such consultation shall take
8 place without delaying the discharge of such individual
9 from the mental health facility. Such consultation
10 shall include a preliminary evaluation of the physical,
11 mental, social, and monetary needs of the individual to
12 be discharged, and an identification of the services and
13 programs for which such individual is eligible.

14 (C) Development by the mental health facility of
15 a written treatment and services plan for each chron-
16 ically mentally ill individual to be discharged, or al-
17 ready discharged, or diverted, in consultation with a
18 case manager in the community mental health center
19 or other appropriate entity in the mental health service
20 area in which such individual will or does reside.
21 Such plan shall—

22 (i) to the maximum extent feasible, be devel-
23 oped with the participation of the individual dis-
24 charged or diverted and the family of such indi-
25 vidual;

1 (ii) include appropriate living arrangements
2 suited to the needs of the individual. If family or
3 independent living is not possible and the individ-
4 ual resides in a multioccupant residence, the
5 State Agency shall assure that such residence is
6 subject to a program for regulation as described in
7 paragraph (3) of this subsection;

8 (iii) describe appropriate mental health serv-
9 ices and other needed services, such as medical
10 and dental services, rehabilitation services, voca-
11 tional training and placement, social services, and
12 living skills training; and

13 (iv) identify specific programs and services
14 for which the individual is eligible, including
15 income support, and provide for a periodic
16 reevaluation of the plan at least every one hun-
17 dred and twenty days.

18 (D) Designation of a case manager responsible for
19 the coordination of service for each chronically mental-
20 ly ill individual discharged or diverted from a mental
21 health facility and the implementation of the treatment
22 and services plan for such individual.

23 (3) A State Agency, in order to be in compliance with
24 this section, shall develop a program for regulating multioc-
25 cupant residences (other than family residences in which all

1 the residents are related by blood or marriage, and residences
2 that are subject to and in compliance with section 1616 (e) of
3 the Social Security Act and which are located in a State in
4 which the standards applicable to such residences pursuant to
5 section 1616 (e) (1) of such Act are comparable to the stand-
6 ards required by this paragraph) in which four or more
7 chronically mentally ill individuals reside and for which
8 room is charged, in accordance with guidelines established by
9 the Secretary. Such program shall include the following:

10 (A) Minimum standards for approval of a resi-
11 dence, including referral to and assistance in reaching
12 appropriate medical, dental, mental health, and other
13 services not otherwise available at such residence, com-
14 pliance with appropriate life safety, fire, and sanita-
15 tion codes, and access for visitation during reasonable
16 hours without prior notice by appropriate mental
17 health and social service staff.

18 (B) Evaluation, inspection, and monitoring proce-
19 dures.

20 (C) Remedies for noncompliance.

21 (4) A State Agency, in order to be in compliance with
22 this section, shall provide educational or informational serv-
23 ices to educate the population of the State regarding the prob-
24 lems of chronically mentally ill individuals, the need for
25 community involvement in programs designed to resolve the

1 *problems of chronically mentally ill individuals outside insti-*
2 *tutional settings, and the resources available or needed to*
3 *help such programs succeed.*

4 (5) *A State Agency, in order to be in compliance with*
5 *this section, shall improve the skills of personnel involved in*
6 *providing services for chronically mentally ill individuals*
7 *through inservice training, retraining, or other training of*
8 *such personnel.*

9 (6) *A State Agency, in order to be in compliance with*
10 *this section, shall review State policies and programs to de-*
11 *termine if such policies and programs discriminate against*
12 *chronically mentally ill individuals, and the means by which*
13 *such discrimination may be eliminated.*

14 (d) *A State Agency, in order to be eligible to enter into a*
15 *contract to be the exclusive contractor of services for a State*
16 *under this title, shall provide satisfactory assurances to the*
17 *Secretary that it will submit an annual report to the Secre-*
18 *tary regarding its efforts and progress under this section, in-*
19 *cluding the manner in which the needs of chronically men-*
20 *tally ill individuals in each mental health service area in the*
21 *State are being met within the community and the State's*
22 *progress in implementing mechanisms to ensure that, as*
23 *chronically mentally ill individuals are discharged from*
24 *mental health facilities, State mental health funds are flow-*
25 *ing from institution-based care to community-based care.*

1 PROCESS FOR DETERMINING ELIGIBILITY OF STATE

2 AGENCIES TO BE EXCLUSIVE CONTRACTORS

3 SEC. 214. *No later than the date three hundred and*
4 *thirty days before the beginning of each fiscal year, the Sec-*
5 *retary shall determine and announce which State Agencies*
6 *have met the requirements of section 213 and are thereby*
7 *eligible to be the exclusive contractors of services for their*
8 *respective States under this title. Prior to such date, the Sec-*
9 *retary shall provide technical assistance to State Agencies*
10 *which do not appear to have met the requirements of section*
11 *213 but which seek to meet such requirements.*

12 PART E—APPLICATION PROCEDURE, SELECTION OF
13 APPLICATIONS, PERFORMANCE CONTRACTS

14 APPLICATION PROCEDURE

15 SEC. 215. (a) *All applications by public and nonprofit*
16 *private entities to enter into contracts under this title (except*
17 *the applications of a State Agency) shall be submitted to the*
18 *State Agency. Applications shall be submitted no later than*
19 *the date two hundred and seventy days prior to the first day*
20 *of the fiscal year for which funding is sought under this title.*
21 *All such applications shall be submitted to the health systems*
22 *agency prior to submission to the State Agency. The health*
23 *systems agency may submit recommendations and comments*
24 *regarding such applications to the State Agency at any*

1 time prior to the transmission of such applications to the
2 Secretary.

3 (b)(1) A State Agency may—

4 (A) prepare one or more applications to enter into
5 contracts under this title; or

6 (B) if the State Agency has been determined to be
7 eligible to be the exclusive contractor of services for the
8 State under this title pursuant to section 214, prepare
9 an application to be the exclusive contractor of services
10 for the State under this title.

11 (2) If a State Agency prepares one or more applications
12 to enter into contracts under this title pursuant to paragraph
13 (1)(A), the State Agency shall submit such applications to
14 the affected health systems agencies no later than the date two
15 hundred and seventy days prior to the first day of the fiscal
16 year for which funding is sought under this title. Such health
17 systems agencies may submit comments and recommenda-
18 tions regarding such applications to the State Agency at any
19 time prior to the transmission of such applications to the
20 Secretary.

21 (3) If a State Agency which has been determined to be
22 eligible to be the exclusive contractor of services for the State
23 under this title decides that it will submit an application to
24 the Secretary to be the exclusive contractor of services for the
25 State under this title, such State Agency shall announce

1 such decision no later than two hundred and seventy days
 2 prior to the first day of the fiscal year for which funding is
 3 sought under this title. The application to be the exclusive
 4 contractor of services for the State under this title, prepared
 5 pursuant to paragraph (1)(B), shall be submitted to the
 6 Statewide Health Coordinating Council of the State estab-
 7 lished pursuant to title XV of the Public Health Service Act
 8 no later than such date. The Statewide Health Coordinating
 9 Council may submit comments and recommendations regard-
 10 ing such application to the State Agency at any time prior to
 11 the transmission of such application to the Secretary.

12 (c) Within forty-five days after the final date of submis-
 13 sion applications under subsection (a), the State Agency
 14 shall—

15 (1) provide public notice of all applications sub-
 16 mitted, under subsection (a), the comments and recom-
 17 mendations (if any) submitted by health systems agen-
 18 cies regarding such applications, and the comments
 19 and recommendations (if any) of the State Agency re-
 20 garding such applications; and

21 (2) provide public notice of all applications pre-
 22 pared by the State Agency itself under subsection
 23 (b)(1) and the comments and recommendations (if any)
 24 submitted by health systems agencies regarding such
 25 applications; and

1 (3) in the case of a State Agency that, pursuant
2 to subsection (b)(2), has announced its decision to
3 submit an application to the Secretary to be the exclu-
4 sive contractor of mental health services for the State
5 under this title, provide public notice of the application
6 to be submitted by the State Agency to the Secretary
7 and the comments and recommendations (if any) sub-
8 mitted by the Statewide Health Coordinating Council
9 regarding such application.

10 (d) No sooner than twenty days but no later than thirty
11 days after the date public notice is provided under subsection
12 (c), the State Agency shall convene public hearings and re-
13 ceive public comment regarding such application or
14 applications.

15 (e) After consideration of the public comments received
16 pursuant to subsection (d), the State Agency, on the date one
17 hundred and fifty days prior to the first day of the fiscal year
18 for which funding is sought under this title, shall—

19 (1) transmit to the Secretary the applications to
20 enter into contracts under this title submitted pursuant
21 to subsection (a), or prepared pursuant to subsection
22 (b)(1)(A), the comments and recommendations (if any)
23 submitted by health systems agencies regarding such
24 applications, the comments and recommendations (if
25 any) of the State Agency regarding such applications

1 and the comments and recommendation (if any) re-
2 ceived by the State Agency pursuant to the public
3 hearings held under subsection (d); or

4 (2) in the case of a State Agency that, pursuant
5 to subsection (b)(1)(B), has prepared an application to
6 the Secretary to be the exclusive contractor of mental
7 health services for the State under this title, transmit
8 to the Secretary such application, the comments and
9 recommendations (if any) of the Statewide Health Co-
10 ordinating Council regarding such application, and the
11 comments and recommendations (if any) received by
12 the State Agency pursuant to the public hearings held
13 under subsection (d).

14 (f) An application transmitted by a State Agency to the
15 Secretary to be the exclusive contractor of mental health serv-
16 ices for the State under this title may omit applications sub-
17 mitted by other entities under subsection (a) and incorporate
18 any one or more of the following:

19 (1) applications submitted by other entities under
20 subsection (a), in substantially their original form;

21 (2) applications submitted by other entities under
22 subsection (a), but substantially modified by the State
23 Agency; and

24 (3) services under this title proposed only by the
25 State Agency.

1 (g)(1) Whenever a State Agency transmits an applica-
2 tion to the Secretary to be the exclusive contractor of mental
3 health services for the State under this title, and such appli-
4 cation omits an application submitted by an entity under
5 subsection (a), or incorporates an application submitted
6 under subsection (a) in a substantially modified form, the
7 State Agency shall inform the entity that submitted such ap-
8 plication under subsection (a) that such application has been
9 so omitted or modified, make available the reasons for such
10 omission or modification to the entity and any interested
11 party, and inform the entity of the procedure described in
12 paragraph (2).

13 (2)(A) If, in an application transmitted to the Secretary
14 by a State Agency to be the exclusive contractor of mental
15 health services for a State under this title, an application
16 submitted by an entity under subsection (a) has been omitted
17 by the State Agency, or has been substantially modified by
18 the State Agency, the entity may, within thirty days after
19 receipt of notice from the State Agency under paragraph (1),
20 request that the application or modified portions thereof be
21 considered in original form during the negotiations of the
22 State Agency's application between the State Agency and the
23 Secretary. Such a request shall be accompanied by written
24 justifications for the incorporation of such application or por-
25 tion thereof in the State Agency's application. If an entity

1 *makes such a request, the Secretary shall promptly determine*
2 *if—*

3 *(i) the application or modified portions thereof are*
4 *consistent with the State health plan of the State; and*

5 *(ii) the entity has sought to, or had an opportuni-*
6 *ty to, make a good faith effort to negotiate with the*
7 *State Agency regarding the incorporation of the appli-*
8 *cation or the modified portions thereof in the State*
9 *Agency's application.*

10 *(B) If the Secretary determines that the requirements of*
11 *subparagraph (A)(i) and (A)(ii) have been met, the Secretary*
12 *shall review—*

13 *(i) the justifications submitted by the entity re-*
14 *garding incorporation of its application or modified*
15 *portions thereof in the State Agency's application; and*

16 *(ii) the justifications of the State Agency regard-*
17 *ing omission of such application or portions thereof in*
18 *the State Agency's application.*

19 *(C) If the Secretary determines, upon review under*
20 *subparagraph (B), that—*

21 *(i) an entity's justifications for incorporation of*
22 *its application or portions thereof are as meritorious as*
23 *the State Agency's justifications for omission or modi-*
24 *fication; or*

1 (ii) the decision by the State Agency to omit or
2 modify such application or portions thereof—

3 (I) is inconsistent with the provisions of this
4 Act,

5 (II) is inconsistent with the provisions of the
6 State health plan of the State, or

7 (III) was made in an arbitrary or capricious
8 manner;

9 the entity's application or portions thereof shall be considered
10 during the negotiation of the State Agency's application be-
11 tween the State Agency and the Secretary.

12 (h) The State Agency shall make available to any inter-
13 ested party, on the date one hundred and fifty days prior to
14 the first day of the fiscal year for which funding is sought
15 under this title, the materials transmitted to the Secretary
16 under paragraph (e).

17 (i) In the event that the State Agency fails to transmit
18 the appropriate material pursuant to subsection (e), any
19 entity that submitted an application to enter into a contract
20 under subsection (a) may transmit such application to the
21 Secretary directly.

22 (j) If a State Agency transmits an application to the
23 Secretary to be the exclusive contractor of services for the
24 State under this title, there shall be selected, by the State
25 Agency and the Secretary, two citizen representatives to pro-

1 *vide* advice during the negotiation of the State Agency's ap-
 2 plication between the State Agency and the Secretary. Orga-
 3 nizations representing consumers of mental health services
 4 within a State, and organizations representing local provid-
 5 ers of mental health services within a State, may recommend
 6 to the State Agency and the Secretary the names of individ-
 7 uals willing and able to serve as representatives of consumers
 8 or providers, respectively, during such negotiations. On the
 9 basis of such recommendations, the State Agency and the
 10 Secretary shall agree upon one representative of consumers
 11 and one representative of providers from the State to serve as
 12 advisors during such negotiations.

13 SELECTION OF APPLICATIONS

14 *SEC. 216. (a)* After conducting appropriate negotiations
 15 with the entities that submitted the applications transmitted
 16 under section 215(e)(1), or with the State Agency in the case
 17 of a State Agency that has transmitted under Section
 18 215(e)(2) an application to be the exclusive contractor of
 19 mental health services for the State under this title, the Sec-
 20 retary shall select those applications that—

- 21 (1) are consistent with the State health plan;
- 22 (2) are consistent with the applicable provisions of
- 23 *this title; and*
- 24 (3) are most likely, in the judgment of the Secre-
- 25 *tary, to—*

1 (A) provide priority population groups with
2 the most effective and broadest services,

3 (B) provide the general population with the
4 most effective and broadest services,

5 (C) lead to the provision of comprehensive
6 mental health services for all persons in every
7 mental health service area,

8 (D) provide for the maximum feasible utili-
9 zation of private and public non-Federal re-
10 sources, including private and public forms of
11 health insurance, and

12 (E) where substantial portions of the popula-
13 tion to be served are of limited English-speaking
14 ability, or bicultural, or both, provide services in
15 appropriate languages and cultural contexts, and
16 provide staff that is bilingual and bicultural.

17 (b) Upon selection of applications to enter into contracts
18 to provide services under this title, the Secretary shall pro-
19 vide an explanation to each entity whose application was
20 transmitted to the Secretary under section 215(e) of the rea-
21 sons for acceptance or rejection of such entity's application.
22 If the Secretary uses a formula to rank applications, the Sec-
23 retary shall provide notice of the principles upon which such
24 formula is based. The explanation provided to the entity

1 *under this subsection shall include an explanation of the des-*
2 *ignated rank of such entity's application.*

3 *PERFORMANCE CONTRACTS*

4 *SEC. 217. (a) Any entity whose application to provide*
5 *services has been selected under section 216 shall be eligible*
6 *to enter into an annual performance contract with the Secre-*
7 *tary. In the case of a State Agency for which an application*
8 *to be the exclusive contractor of mental health services for a*
9 *State under this title has been selected, the performance con-*
10 *tract shall be an exclusive statewide performance contract,*
11 *and shall provide for the State Agency to enter into perform-*
12 *ance contracts with other entities providing services in the*
13 *State as subcontractors.*

14 *(b) Each performance contract shall include agreements*
15 *regarding—*

16 *(1) the establishment of citizen participation in*
17 *the administration of services;*

18 *(2) the populations to be served, including any*
19 *priority populations, the settings in which services are*
20 *to be delivered, the means by which such settings shall*
21 *be the least restrictive and most accessible as possible,*
22 *and the anticipated outcome and service impact on the*
23 *populations to be served;*

24 *(3) the standards by which the performance of the*
25 *entity will be monitored and evaluated, incentives for*

1 *meeting such standards, the role of consumers and in-*
2 *dividuals representative of affected communities in any*
3 *monitoring and evaluation, and the role of the Secre-*
4 *tary in such monitoring and evaluation;*

5 *(4) the methods and format by which performance*
6 *data shall be collected and transmitted to the Secre-*
7 *tary;*

8 *(5) the qualifications and clinical and adminis-*
9 *trative functions and responsibilities of the personnel of*
10 *the entity;*

11 *(6) the annual budget of the entity;*

12 *(7) the means by which the activities of the entity*
13 *will be coordinated with the activities of other entities*
14 *providing mental health services or related support*
15 *services in any affected mental health service area;*

16 *(8) the allocation of responsibilities among local,*
17 *State, and Federal entities for provision of mental*
18 *health services and administration of such services;*

19 *(9) the means by which the entity shall decrease*
20 *its reliance on Federal financial support under this*
21 *Act;*

22 *(10) a schedule for the performance of all obliga-*
23 *tions arising under the performance contract;*

(11) *an expeditious and impartial method by which disputes arising under the performance contract may be resolved;*

(12) appropriate and defined remedies available to each contracting party in the event that the other contracting party fails to carry out an obligation arising under the performance contract; and

(13) such other matters that the Secretary determines shall be negotiated and resolved to carry out the purposes of this Act.

(c) *The Secretary shall promulgate regulations establishing criteria with respect to the evaluation of the performance of entities under this Act.*

ENFORCEMENT

SEC. 218. (a) No entity may receive funds under this title unless it has entered into a performance contract which complies with the requirements of section 217.

(b) *The extent to which an entity or State Agency has performed in accordance with the performance contract entered into under section 217 and the extent to which the entity has cooperated with other entities providing mental health or support services in the affected mental health service areas shall be periodically reviewed by the Secretary. Substantial and unreasonable failure to perform in accordance with such performance contract or to cooperate with*

1 *other entities providing mental health or support services in*
2 *the affected mental health service areas shall, after notice of*
3 *such alleged failure and an opportunity for an informal hear-*
4 *ing which results in a finding of such failure, be a reasonable*
5 *justification for termination of funding under this title. The*
6 *Secretary shall consider any such failure with regard to any*
7 *subsequent application for funding under this title.*

8 *FUNDING FOR INNOVATIVE PROJECTS*

9 *SEC. 219. (a) Notwithstanding the provisions of this*
10 *title relating to application procedures, a public entity, non-*
11 *profit private entity, or other private entity engaged solely in*
12 *the provision of services related to mental health may submit*
13 *directly to the Secretary an application to provide services*
14 *under this title, or rights protection and advocacy services, if*
15 *such entity demonstrates that the services to be provided are*
16 *innovative and of national significance.*

17 *(b) The Secretary may accept such applications and*
18 *enter into contracts for such services under this section if the*
19 *Secretary determines that such services are innovative and of*
20 *national significance, but no more than 5 percent of the*
21 *funds available for allocation under this title may be used for*
22 *such contracts.*

23 *(c) Any entity receiving Federal funding under this sec-*
24 *tion shall be subject to the requirements of sections 217 and*
25 *218.*

1 *PART F—GENERAL PROVISIONS*

2 *DURATION OF CONTRACTS*

3 *SEC. 220. A contract under this title shall be for such*
4 *period of time, not exceeding one year, as the Secretary may*
5 *determine.*

6 *INDIRECT PROVISION OF SERVICES*

7 *SEC. 221. Any services for which a contract is entered*
8 *into under this title may be provided directly by the contract-*
9 *ing entity at its primary or satellite facilities, or by arrange-*
10 *ments with other entities or health professionals.*

11 *PAYMENT PROCEDURES*

12 *SEC. 222. (a) Except as provided in subsection (b), the*
13 *amount of payments under any contract for any fiscal year*
14 *under this title may be reduced to the extent that—*

15 *(1) the sums paid to the entity under any prior*
16 *contract under the same section of this title, or the*
17 *sums paid to such entity under section 203 (a), 203*
18 *(e), or 211 of the Community Mental Health Centers*
19 *Act, plus*

20 *(2) the funds available for the project, activity, or*
21 *services for which the prior sums were paid, from*
22 *State, local, or other sources (including collections),*
23 *exceed the total cost of the project, activity, or services for*
24 *which the prior sums were paid, in lieu of such excess being*
25 *repaid to the United States.*

1 (b) *In the case of any such excess under subsection*

2 (a)—

3 (1) *a reduction under subsection (a) shall not be*
4 *made to the extent adjustments regarding such excess*
5 *were made previously, or were retained and excluded*
6 *from repayment under clause (2) of this subsection,*
7 *and*

8 (2) *such portion of an excess under subsection (a)*
9 *for any year for any project, activity, or services for*
10 *which sums were paid under this Act and the Commu-*
11 *nity Mental Health Centers Act as the Secretary may*
12 *determine, but not exceeding 5 per centum of the cost*
13 *of operation of the recipient's mental health program,*
14 *may be retained by the recipient for deposit in a re-*
15 *serve fund maintained for purposes approved by the*
16 *Secretary, and shall not be counted as available funds*
17 *for purposes of any subsequent contract under this*
18 *title.*

19 *ALLOCATION OF FUNDS*

20 *SEC. 223. (a) Under this title, no single public or non-*
21 *profit private entity shall receive funding for more than eight*
22 *fiscal years for the provision of the same mental health serv-*
23 *ices in the same affected mental health service areas. For*
24 *purposes of this subsection, one or more grants for a fiscal*
25 *year under section 203(a) of the Community Mental Health*

1 *Services Act (or section 220 of the Community Mental*
2 *Health Centers Act as in effect before July 29, 1975, or as*
3 *continued after such date by section 203(e) of that Act) shall*
4 *be considered funding for a fiscal year under this subsection.*
5 *No funding under a contract under this title may exceed the*
6 *following percentages of the cost of the services with respect to*
7 *which such contract is made:*

8 (1) *90 per centum in the case of the first and*
9 *second years of funding;*

10 (2) *80 per centum in the case of the third year of*
11 *funding;*

12 (3) *70 per centum in the case of the fourth year*
13 *of funding;*

14 (4) *60 per centum in the case of the fifth year of*
15 *funding;*

16 (5) *50 per centum in the case of the sixth year of*
17 *funding;*

18 (6) *40 per centum in the case of the seventh year*
19 *of funding; and*

20 (7) *30 per centum in the case of the eighth year*
21 *of funding.*

22 (b) *Notwithstanding the limitations described in subsec-*
23 *tion (a) on the number of years for which funding under this*
24 *title may be received and the maximum amount of such fund-*
25 *ing, an entity that submits annual applications to provide*

1 services pursuant to section 208 may receive funding under
2 this title for such longer periods and for such greater amounts
3 as determined by the Secretary, but no such funding may
4 exceed \$1.50 per capita of the population of the affected area.

5 (c) Notwithstanding the limitations described in subsec-
6 tion (a), any entity that receives eight years of funding under
7 section 202, 203, 204, 205, 206, 207, or 209 of this title and
8 which thereafter continues to provide substantially the same
9 level of services for the same population for which it received
10 funding under such section, may receive funding to provide
11 different services in the same mental health service area or
12 areas under any other such section.

13 (d)(1) Outpatient treatment and care and related sup-
14 port services for chronically mentally ill individuals shall ac-
15 count for—

16 (A) no less than 5 per centum of the Federal
17 funding allocated under this title within each State in
18 the fiscal year ending September 30, 1982;

19 (B) no less than 10 per centum of the Federal
20 funding allocated for services under this title within
21 each State in the fiscal year ending September 30,
22 1983;

23 (C) no less than 15 per centum of Federal fund-
24 ing allocated for services under this title within each

1 *State in the fiscal year ending September 30, 1984;*

2 *and*

3 *(D) no less than 20 per centum of Federal fund-*
4 *ing allocated for services under this title within each*
5 *State in the fiscal year ending September 30, 1985.*

6 *(2) Funds for contracts to provide mental health services*
7 *to chronically mentally ill individuals under section 202*
8 *shall account for—*

9 *(A) no less than 10 per centum and nor more*
10 *than 20 per centum of all available funding under this*
11 *title in the fiscal year ending September 30, 1982;*

12 *(B) no less than 10 per centum and no more than*
13 *20 per centum of all available funding under this title*
14 *in the fiscal year ending September 30, 1983;*

15 *(C) no less than 15 per centum and no more than*
16 *25 per centum of all available funding under this title*
17 *in the fiscal year September 30, 1984; and*

18 *(D) no less than 20 per centum and nor more*
19 *than 30 per centum of all available funding under this*
20 *title in the fiscal year ending September 30, 1985.*

21 *(3) Treatment and care and related support services for*
22 *chronically mentally ill individuals shall account for no less*
23 *than 20 per centum of the Federal funds allocated under sec-*
24 *tion 207 of this title.*

1 (e) Not more than 5 per centum of the funds allocated
 2 under section 207 shall be allocated to entities which do not
 3 meet the governing board requirements of section
 4 211(a)(1)(A).

5 (f) Not less than 90 per centum of the Federal funds for
 6 any contract under this title shall be used to provide services
 7 at the local level.

8 (g) The Secretary, after allocating funds under this
 9 title, shall submit an annual report to the Committee on
 10 Labor and Human Resources of the United States Senate
 11 and the Committee on Interstate and Foreign Commerce of
 12 the United States House of Representatives detailing the
 13 extent to which—

14 (1) each community mental health center funded
 15 under section 207 of this title is directing its resources
 16 towards the treatment and care of chronically mentally
 17 ill individuals, and

18 (2) the requirements of subsection (d) (1), (2),
 19 and (3) are being met.

20 The report required by this subsection shall be submitted to
 21 the committees described in this subsection no later than Jan-
 22 uary 1 of each year.

23 EVALUATION AND TECHNICAL ASSISTANCE

24 SEC. 224. (a) With the approval of the Secretary, any
 25 entity entering into a contract under this Act may use a por-

1 tion of such contract funds for evaluation of the projects or
2 activities the entity conducts.

3 (b) The Secretary shall set aside from appropriations
4 for contracts under this title such sums as are determined to
5 be appropriate for the evaluation of the performance of enti-
6 ties under this title. Such evaluation shall determine the
7 extent to which entities have complied with applicable re-
8 quirements and the extent to which entities have advanced
9 the objectives for which funding was provided.

10 (c) A portion of the funding available under this title for
11 any fiscal year, as determined by the Secretary, but not to
12 exceed 2 per centum, shall be available to the Secretary to
13 provide technical assistance, including but not limited to the
14 technical assistance described in section 214 and short-term
15 training of personnel responsible for the implementation of
16 contracts under this title. Such amounts shall be available to
17 assist in the improvement of the management and adminis-
18 tration of services provided pursuant to this title.

19 CONFORMING AMENDMENTS

20 SEC. 225. (a) The second sentence of section 455(a) of
21 the Public Health Service Act (relating to the National Insti-
22 tute of Mental Health) is amended—

23 (1) by striking out “and” after “sections 301 and
24 303 of this Act” and inserting in lieu thereof a
25 comma; and

1 (2) by inserting “, and the Mental Health Sys-
2 tems Act” after “Mental Retardation Facilities and
3 Community Mental Health Centers Construction Act
4 of 1963 (other than part C of title II)”.

5 (b) Section 507 of the Public Health Service Act (relat-
6 ing to grants to Federal institutions) is amended—

7 (1) by striking out “and” after “drug depen-
8 dence,”; and

9 (2) by inserting “, and appropriations under title
10 VI of the Mental Health Systems Act” before “shall
11 also be available”.

12 (c) Section 513 of the Public Health Service Act (relat-
13 ing to evaluation of programs) is amended by inserting “the
14 Mental Health Systems Act,” after “Community Mental
15 Health Centers Act,”.

16 (d) Section 1513(e)(1)(A)(i) of the Public Health Serv-
17 ice Act (relating to functions of health systems agencies) is
18 amended by inserting “the Mental Health Systems Act,”
19 after “Community Mental Health Centers Act,”.

20 (e) Section 201(b)(1)(A)(iii) of the Community Mental
21 Health Centers Act is amended by adding after “facility” the
22 following: “, including—

23 “(I) designation of a case manager re-
24 sponsible for the coordination of services for
25 each resident discharged from a public inpa-

1 *tient psychiatric facility and for the develop-*
 2 *ment of an individual treatment and services*
 3 *plan for such individual;*

4 *“(II) pre-release consultation with re-*
 5 *spect to such individual; and*

6 *“(III) preparation and submission of*
 7 *an annual report to the State Agency desig-*
 8 *nated under section 102 of the Mental*
 9 *Health Systems Act describing the manner*
 10 *in which the needs of chronically mentally*
 11 *ill individuals in the catchment area are*
 12 *being met.”.*

13 *CONTRACTS FOR INDIAN TRIBES*

14 *SEC. 226. (a)(1) An Indian tribe (as defined in the*
 15 *Indian Self-Determination Act) or intertribal organization*
 16 *may submit an application directly to the Secretary to pro-*
 17 *vide services eligible for funding under this title if such serv-*
 18 *ices will be available within or will specifically serve—*

19 *(A) a federally recognized Indian reservation,*

20 *(B) any land area in Oklahoma that is held in*
 21 *trust by the United States for Indians or that is a re-*
 22 *stricted Indian-owned land area,*

23 *(C) a native village in Alaska (as defined in sec-*
 24 *tion 3(c) of the Alaska Native Claims Settlement Act),*
 25 *or*

1 (D) an Indian community the members of which
2 are recognized as eligible for services under the Indian
3 Health Care Improvement Act.

4 Each application shall demonstrate the manner in which the
5 proposed services will be consistent with the Tribal Specific
6 Health Plan of the tribe or tribes to be served. A copy of the
7 application shall be provided to the appropriate Health Sys-
8 tems Agency or Agencies established under title XV of the
9 Public Health Service Act and to the appropriate State
10 Agency for review and comment. Upon receipt of an applica-
11 tion under this subsection, the Secretary shall review, rank,
12 select, and fund the application according to the same criteria
13 used to review, rank, select, and fund applications under this
14 title.

15 (2) A tribe or intertribal organization receiving Federal
16 funds under this title shall, prior to receiving such funds,
17 enter into an annual performance contract with the Secretary
18 pursuant to section 217, and shall receive payment directly
19 from the Secretary (except as provided in subsection (b) of
20 this section). Each performance contract shall conform with
21 the provisions of section 217, and the provisions of section
22 218 shall also be applicable, to the extent that such provi-
23 sions are not inconsistent with the purposes of this section.

24 (b) At the request of any Indian tribe or intertribal or-
25 ganization or any urban Indian organization (as defined in

1 *the Indian Care Improvement Act), the Secretary may enter*
 2 *into a contract with the Indian Health Service or any insti-*
 3 *tution, clinic, or other unit thereof, for the purpose of serving*
 4 *the members of such tribe or organization, on the same terms*
 5 *and conditions as under subsection (a).*

6 (c) *Any contract under subsection (a) or (b) may be*
 7 *made for a project serving members of an Indian tribe, inter-*
 8 *tribal organization, or urban Indian organization even*
 9 *though the area in which the members of such tribe or organi-*
 10 *zation reside is included in two or more mental health serv-*
 11 *ices areas of a State.*

12 OBLIGATED SERVICE FOR MENTAL HEALTH

13 TRAINEESHIPS

14 SEC. 227. *Section 303 of the Public Health Service*
 15 *Act is amended by adding at the end thereof the following*
 16 *new subsection:*

17 “(d)(1) *Any individual who, after the date of enactment*
 18 *of the Mental Health Systems Act, has been informed in*
 19 *writing of the requirements and other provisions of this sub-*
 20 *section and thereafter accepts a clinical traineeship in psy-*
 21 *chology, psychiatry, nursing, or social work, under subsec-*
 22 *tion (a)(1) that is not of a limited duration or experimental*
 23 *nature (as determined by the Secretary) is obligated to serve,*
 24 *in service determined by the Secretary to be appropriate in*
 25 *the light of the individual’s training and experience, at the*

1 rate of one year for each year (or academic year, whichever
2 the Secretary determines to be appropriate) of the trainee-
3 ship.

4 “(2) The service required under paragraph (1) shall be
5 in a public inpatient psychiatric facility institution, or for
6 any entity eligible for a contract under title II of the Mental
7 Health Systems Act, or in a health manpower shortage area
8 (as determined under subpart II of part D of title III of the
9 Public Health Service Act), or in any other area or for any
10 other entity designated by the Secretary, and shall begin
11 within such period after the termination of the traineeship as
12 the Secretary may determine. In developing criteria for de-
13 termining for which institutions or entities or in which areas,
14 referred to in the preceding sentence, individuals must per-
15 form service under this paragraph, the Secretary shall give
16 preference to institutions, entities, or areas which in the Sec-
17 retary’s judgment have the greatest need for personnel to per-
18 form that service unless, for good cause shown to the Secre-
19 tary, the individual requests performance of other service
20 under this paragraph.

21 “(3) Any individual who fails to perform the service
22 required of the individual under this subsection within the
23 period prescribed by the Secretary is obligated to repay to the
24 United States an amount equal to three times the cost of the
25 traineeship (including stipends and allowances) plus interest

1 *at the maximum legal rate at the time of payment of the*
2 *traineeship, multiplied, in any case in which the service so*
3 *required has been performed in part, by the percentage which*
4 *the length of the service so performed is of the length of the*
5 *service so required to be performed.*

6 “(4)(A) *In the case of any individual any part of whose*
7 *obligation to perform service under this subsection exists at*
8 *the same time as any part of the individual’s obligation to*
9 *perform service under section 752 or 753 (because of receipt*
10 *of a scholarship under subpart IV of part C of title VII) or*
11 *the individual’s obligation to perform service under section*
12 *472 (because of receipt of a National Research Service*
13 *Award thereunder), or both, the same service may not be used*
14 *to any extent to meet more than one of those obligations.*

15 “(B) *In any case to which subparagraph (A) is applica-*
16 *ble and in which one of the obligations is to perform service*
17 *under section 752 or 753, the obligation to perform service*
18 *under that section must be met (by performance of the re-*
19 *quired service or payment of damages) before the obligation*
20 *to perform service under this subsection or under section 472.*

21 “(C) *In any case to which subparagraph (A) is applica-*
22 *ble, if any part of the obligation to perform service under*
23 *section 472 exists at the same time as any part of the obliga-*
24 *tion to perform service under this subsection, the manner and*

1 *time of meeting each obligation shall be prescribed by the*
 2 *Secretary."*

3 *TITLE III—MENTAL HEALTH RIGHTS AND*
 4 *ADVOCACY*

5 *PART A—MENTAL HEALTH RIGHTS*

6 *BILL OF RIGHTS*

7 *SEC. 301. (a) A person admitted to a program or*
 8 *facility for the purpose of receiving mental health services*
 9 *has the following rights:*

10 *(1) The right to appropriate treatment and related*
 11 *services in a setting and under conditions that—*

12 *(A) are most supportive of such person's per-*
 13 *sonal liberty; and*

14 *(B) restrict such liberty only to the extent*
 15 *necessary consistent with such person's treatment*
 16 *needs, applicable requirements of law, and appli-*
 17 *cable judicial orders.*

18 *(2) The right to an individualized, written, treat-*
 19 *ment or service plan (such plan to be developed*
 20 *promptly after admission of such person), the right to*
 21 *treatment based on such plan, the right to periodic*
 22 *review and reassessment of treatment and related serv-*
 23 *ice needs, and the right to appropriate revision of such*
 24 *plan, including any revision necessary to provide a de-*
 25 *scription of mental health services that may be needed*

1 *after such person is discharged from such program or*
2 *facility.*

3 (3) *The right to ongoing participation, in a*
4 *manner appropriate to such person's capabilities, in the*
5 *planning of mental health services to be provided such*
6 *person (including the right to participate in the devel-*
7 *opment and periodic revision of the plan described in*
8 *paragraph (2)), and, in connection with such participa-*
9 *tion, the right to be provided with a reasonable expla-*
10 *nation, in terms and language appropriate to such per-*
11 *son's condition and ability to understand, of—*

12 (A) *such person's general mental condition*
13 *and, if such program or facility has provided a*
14 *physical examination, such person's general phys-*
15 *ical condition;*

16 (B) *the objectives of treatment;*

17 (C) *the nature and significant possible ad-*
18 *verse effects of recommended treatments;*

19 (D) *the reasons why a particular treatment*
20 *is considered appropriate;*

21 (E) *the reasons why access to certain visitors*
22 *may not be appropriate; and*

23 (F) *any appropriate and available alterna-*
24 *tive treatments, services, and types of providers of*
25 *mental health services.*

1 (4) *The right not to receive a mode or course of*
2 *treatment, established pursuant to the treatment plan,*
3 *in the absence of such person's informed, voluntary,*
4 *written consent to such mode or course of treatment,*
5 *except that treatment may be provided without such*
6 *consent—*

7 (A) *during an emergency situation if such*
8 *treatment is pursuant to or documented contemporaneously*
9 *by the written order of a responsible*
10 *mental health professional; or*

11 (B) *as permitted under applicable law in the*
12 *case of a person committed by a court to a treat-*
13 *ment program or facility.*

14 (5) *The right not to participate in experimenta-*
15 *tion in the absence of such person's informed, volun-*
16 *tary, written consent, the right to appropriate protec-*
17 *tions in connection with such participation, including*
18 *the right to a reasonable explanation of the procedure*
19 *to be followed, the benefits to be expected, the relative*
20 *advantages of alternative treatments, and the potential*
21 *discomforts and risks, and the right and opportunity to*
22 *revoke such consent.*

23 (6) *The right to freedom from restraint or seclu-*
24 *sion, other than as a mode or course of treatment,*
25 *except that restraint or seclusion may be used during*

1 *an emergency situation if such restraint or seclusion is*
2 *pursuant to or documented contemporaneously by the*
3 *written order of a responsible mental health profes-*
4 *sional.*

5 (7) *The right to a humane treatment environment*
6 *that affords reasonable protection from harm and ap-*
7 *propriate privacy to such person with regard to person-*
8 *al needs.*

9 (8) *The right to confidentiality of such person's*
10 *records, including confidentiality of information per-*
11 *taining to such person's identity, diagnosis, prognosis,*
12 *and treatment, under the same terms and conditions*
13 *applicable to patients under section 515 of the Public*
14 *Health Service Act.*

15 (9) *The right to access, upon request, to such per-*
16 *son's mental health care records, except that such*
17 *person may be refused access to—*

18 (A) *information in such records provided by*
19 *a third party under assurance that such informa-*
20 *tion shall remain confidential; and*

21 (B) *specific material in such records if the*
22 *health professional responsible for the mental*
23 *health services concerned has made a determina-*
24 *tion in writing that such access would be detri-*
25 *mental to such person's health, except that such*

1 material shall be made available to a similarly li-
2 censed health professional selected by such person
3 and such health professional may, in the exercise
4 of professional judgment, provide such person
5 with access to any or all parts of such material or
6 otherwise disclose the information contained in
7 such material to such person.

8 (10) The right, in the case of a person admitted
9 on a residential or inpatient care basis, to converse
10 with others privately, to have convenient and reason-
11 able access to the telephone and mails, and to see visi-
12 tors during regularly scheduled hours, except that, if a
13 mental health professional treating such person deter-
14 mines that denial of access to a particular visitor is
15 necessary for treatment purposes, such mental health
16 professional may, for a specific, limited, and reason-
17 able period of time, deny such access if such mental
18 health professional has ordered such denial in writing
19 and such order has been incorporated in the treatment
20 plan for such person. An order denying such access
21 shall include the reasons for such denial.

22 (11) The right to be informed promptly at the
23 time of admission and periodically thereafter, in lan-
24 guage and terms appropriate to such person's condition
25 and ability to understand, of the rights under this part.

1 (12) *The right to assert grievances with respect to*
2 *infringement of such person's rights under this part,*
3 *including the right to have such grievances considered*
4 *in a fair, timely, and impartial grievance procedure*
5 *provided for or by the program or facility.*

6 (13) *Notwithstanding paragraph (10), the right of*
7 *access to (including the opportunities and facilities for*
8 *private communication with) any available—*

9 (A) *rights protection service within the pro-*
10 *gram or facility;*

11 (B) *rights protection service within the State*
12 *mental health system designed to be available to*
13 *such person; and*

14 (C) *qualified advocate;*
15 *for the purpose of receiving assistance to understand,*
16 *exercise, and protect such person's rights under this*
17 *part and other provisions of law.*

18 (14) *The right to exercise such person's rights*
19 *under this part without reprisal, including reprisal in*
20 *the form of denial of any appropriate, available*
21 *treatment.*

22 (15) *The right to referral as appropriate to other*
23 *providers of mental health services upon discharge.*

24 (b)(1) *The rights provided in this section are in addition*
25 *to and not in derogation of any other statutory or constitu-*

1 tional rights otherwise afforded to all persons, handicapped
2 persons, or recipients of health care services.

3 (2) The rights to confidentiality of and access to records
4 as provided in paragraphs (8) and (9) of subsection (a) shall
5 remain applicable to records pertaining to a person after such
6 person's discharge from the program or facility.

7 (c)(1) No otherwise eligible person shall be denied ad-
8 mission to a program or facility for mental health services as
9 a reprisal for the exercise of the rights provided in this
10 section.

11 (2) Nothing in this part shall—

12 (A) obligate an individual mental health or health
13 professional to administer treatment contrary to such
14 professional's clinical judgment;

15 (B) prevent any program or facility from dis-
16 charging any person for whom the provision of appro-
17 priate treatment, consistent with the clinical judgment
18 of the mental health professional primarily responsible
19 for such person's treatment, is or has become impossi-
20 ble as a result of such person's refusal to consent to
21 such treatment;

22 (C) require a program or facility to admit any
23 person who, while admitted on prior occasions to such
24 program or facility, has repeatedly frustrated the pur-

1 *poses of such admissions by withholding consent to*
2 *proposed treatment; or*

3 *(D) obligate a program or facility to provide treat-*
4 *ment services to any person who is admitted to such*
5 *program or facility solely for diagnostic or evaluative*
6 *purposes.*

7 *(3) In order to assist a person admitted to a program or*
8 *facility in the exercise or protection of such person's rights,*
9 *such person's authorized advocate shall have reasonable*
10 *access to—*

11 *(A) such person;*

12 *(B) the areas of the program or facility where*
13 *such person has received treatment, resided, or had*
14 *access; and*

15 *(C) pursuant to the written authorization of such*
16 *person, the records and information pertaining to such*
17 *person's diagnosis, treatment, and related services to*
18 *which such person has a right of access under section*
19 *301(a)(9).*

20 *(4) Where a person is refused access to certain material*
21 *in such person's mental health care records under subsection*
22 *(a)(9), a court of competent jurisdiction, upon petition of*
23 *such person and following in camera review of such material*
24 *and the reasons for denying such person access to such mate-*
25 *rial, shall issue one of the following orders:*

1 (A) an order that such material or parts thereof be
2 released to such person;

3 (B) an order that such material or parts thereof
4 not be released to such person; or

5 (C) an order that such material or parts thereof
6 be released to an authorized advocate who is an attor-
7 ney licensed to practice law before such court, which
8 order shall direct such attorney not to reveal the con-
9 tents of such material or parts thereof to such person.

10 (5) Each program and facility shall post a notice listing
11 and describing, in language and terms appropriate to the
12 ability of the persons to whom such notice is addressed to
13 understand, the rights under this title of all persons admitted
14 to such program or facility. Each such notice shall conform
15 to the format and content for such notices, and shall be posted
16 in all locations, as required in regulations prescribed under
17 section 302(a)(1).

18 (d)(1) In the case of a person adjudicated by a court of
19 competent jurisdiction as being incompetent to exercise the
20 right to consent to treatment or experimentation under para-
21 graph (4) or (5) of subsection (a), or the right to confidential-
22 ity of or access to records under paragraph (8) or (9) of such
23 subsection, or to provide authorization pursuant to subsection
24 (c)(3)(C), such right may be exercised or such authorization
25 may be provided by the individual appointed by such court as

1 such person's guardian or representative for the purpose of
2 exercising such right or such authorization.

3 (2) In the case of a person who lacks capacity to exer-
4 cise the right to consent to treatment or experimentation
5 under paragraph (4) or (5) of subsection (a), or the right to
6 confidentiality of or access to records under paragraph (8) or
7 (9) of such subsection, or to provide authorization pursuant
8 to subsection (c)(3)(C), because such person has not attained
9 an age considered sufficiently advanced under State law to
10 permit the exercise of such right or such authorization to be
11 legally binding, such right may be exercised or such authori-
12 zation may be provided on behalf of such person by a parent
13 or legal guardian of such person.

14 (3) Notwithstanding paragraph (1) and (2), in the case
15 of a person admitted to a program or facility for the purpose
16 of receiving mental health services, no individual employed
17 by or receiving any remuneration from such program or fa-
18 cility may act as such person's guardian or representative
19 under this subsection.

20 **ENFORCEMENT**

21 *SEC. 302. (a)(1) The Secretary of Health and Human*
22 *Services shall prescribe regulations providing for compliance*
23 *with and enforcement of the rights provided in section 301,*
24 *except that, in the case of programs and facilities within the*
25 *jurisdiction of the Administrator of Veterans' Affairs or the*

1 *Secretary of Defense, the Administrator of Veterans' Affairs*
2 *and the Secretary of Defense shall each prescribe regulations*
3 *providing for such compliance and enforcement consistent*
4 *with the laws governing the health care programs carried out*
5 *by the Veterans' Administration and the Department of De-*
6 *fense, respectively.*

7 (2) *Regulations under paragraph (1) shall be prescribed*
8 *no later than one year after the date of enactment of this title.*

9 (3) *Notwithstanding section 301(a)(9), a person's access*
10 *to such person's mental health care records maintained by the*
11 *Veterans' Administration or the Department of Defense shall*
12 *be as provided under section 552a of title 5, United States*
13 *Code.*

14 (b) *With regard to any program or facility that is re-*
15 *sponsible for the violation of a person's right under section*
16 *301, or that fails to operate in accordance with the provisions*
17 *of this part, the Secretary of Health and Human Services*
18 *(and, in the case of programs and facilities within the juris-*
19 *isdiction of the Administrator of Veterans' Affairs or the Sec-*
20 *retary of Defense, such Administrator and such Secretary)*
21 *may withhold from such program or facility further pay-*
22 *ments, reimbursements, grants, loans, loan guarantees, or*
23 *contracts, under this Act, the Public Health Service Act, or*
24 *the Community Mental Health Centers Act (or, in the case of*
25 *a program or facility under the jurisdiction of the Adminis-*

1 *trator of Veterans' Affairs or the Secretary of Defense, under*
 2 *title 38 or title 10, United States Code, respectively) until*
 3 *the basis for such withholding no longer exists, or corrective*
 4 *action has rectified the violation of this part.*

5 (c) *In prescribing regulations under this section with*
 6 *respect to participation in experimentation by persons ad-*
 7 *mitted to a program or facility for the purpose of receiving*
 8 *mental health services, the Secretary of Health and Human*
 9 *Services, the Administrator of Veterans' Affairs, and the*
 10 *Secretary of Defense shall take into account the appropriate*
 11 *recommendations of the President's Commission for the*
 12 *Study of Ethical Problems in Medicine and Biomedical and*
 13 *Behavioral Research as provided in section 1802 of the*
 14 *Public Health Service Act.*

15 RIGHT OF ACTION

16 SEC. 303. (a) *If a person demonstrates to the court*
 17 *that—*

18 (1) *such person has exhausted the grievance pro-*
 19 *cedure to which such person is entitled under section*
 20 *301(a)(12); or*

21 (2) *the exhaustion of such procedure cannot afford*
 22 *timely relief;*

23 *such person may bring a civil action for the violation of any*
 24 *right of such person under the provisions of this part in an*

1 appropriate United States district court, without regard to
2 the amount in controversy.

3 (b)(1) The district courts of the United States shall have
4 exclusive jurisdiction of any action brought under this sec-
5 tion in which the United States is a party.

6 (2) If State or local jurisdiction exists for a cause of
7 action under this part, such action may be brought in the
8 appropriate State or local court, and such State or local court
9 shall apply the requirements of subsection (a) with respect to
10 such action.

11 (c) In any action under this section, the court may
12 allow the prevailing party, other than the United States, a
13 reasonable attorney's fee as part of the costs, and the United
14 States (or any agency thereof), and a State (or any agency
15 thereof) shall be liable for costs the same as any other party.

16 (d) Nothing in this part shall be construed to provide a
17 cause of action to any person other than a person to whom the
18 rights in section 301(a) apply.

19 **PART B—MENTAL HEALTH ADVOCACY PROGRAM**

20 **ADVOCACY PROGRAM**

21 **SEC. 304.** (a) The Secretary shall establish a Mental
22 Health Advocacy Program (hereinafter referred to as
23 "MHAP"). The MHAP may make grants to and enter into
24 contracts with public and nonprofit private entities to provide
25 advocacy services and other assistance to assure opportunities

1 for adequate care and treatment services and to protect the
2 legal and human rights of any person in connection with
3 mental health services. Such grants and contracts shall assist
4 in the development of a nationwide network of advocacy pro-
5 grams. The MHAP shall be located in the Office of the Sec-
6 retary or in any other administrative unit of the Department
7 of Health and Human Services that is independent from any
8 administrative unit that provides funding or reimbursement
9 to providers of health, mental health, or related services. The
10 Secretary shall assure that the MHAP has sufficient staff
11 and adequate administrative and travel resources to carry out
12 the responsibilities of the program.

13 (b) In order to be eligible to receive a grant or enter into
14 a contract under this part, an entity shall demonstrate that—

15 (1) personnel of the entity have the authority and
16 capacity to pursue informal and formal legal, adminis-
17 trative, and other appropriate remedies to assure and
18 protect the rights of any person in connection with
19 mental health services;

20 (2) such entity, except for the receipt of Federal
21 assistance for the operation of advocacy services, is an
22 independent entity, not directly associated with any
23 agency that—

24 (A) provides mental health services or funds
25 for mental health services; or

1 (B) is responsible for establishing or imple-
2 menting policy for the provision of mental health
3 services; and

4 (3) such entity—

5 (A) is a recipient of funds under the Legal
6 Services Corporation Act, or

7 (B) has agreed to coordinate its services with
8 existing Legal Services Corporation projects, if
9 any, in the area to be served, in order to concen-
10 trate the use of funds provided under this part for
11 legal assistance on individuals with the greatest
12 need but who are not eligible for legal assistance
13 under the Legal Services Corporation Act.

14 (c) No grant may be made or contract entered into
15 under this section unless an application therefor has been
16 submitted to, and approved by, the Secretary. Such applica-
17 tion shall be in such form, submitted in such manner, and
18 contain such information and assurances as the Secretary
19 shall by regulation prescribe, including but not limited to
20 information or assurances relating to—

21 (1) the area to be served by the grant or contract;

22 (2) consumer participation in the applicant's ad-
23 vocacy program design and policy determination
24 processes;

1 (3) *the range of legal and lay advocacy services to*
2 *be provided, including the extent to which the entity*
3 *will pursue systemwide advocacy cases as well as indi-*
4 *vidual advocacy cases;*

5 (4) *the training and qualifications of the staff*
6 *with respect to mental health care;*

7 (5) *knowledge of and appropriate cooperation with*
8 *consumer, legal services, citizen, and other advocacy*
9 *groups, and with any rights protection programs within*
10 *the area to be served, and utilization, when appropri-*
11 *ate, of available volunteers; and*

12 (6) *a procedure for establishing the goals and pri-*
13 *orities of the program and assessing the performance of*
14 *the program, such goals and priorities to be consistent*
15 *with local needs and to include, to the maximum*
16 *extent practicable, the protection of persons with regard*
17 *to discrimination in treatment and services, and if re-*
18 *sources permit, discrimination in housing, education,*
19 *employment, the use of public services and facilities,*
20 *and the provision of benefits to which such persons are*
21 *entitled.*

22 (d)(1) *Payments under this section may be made in ad-*
23 *vance or by way of reimbursement, and at such intervals and*
24 *on such conditions as the Secretary shall find necessary. The*
25 *amount of any grant or contract shall be determined by the*

1 *Secretary, except that no grant or contract for an advocacy*
2 *program serving an entire State shall be less than \$50,000.*
3 *Programs receiving assistance under this part are authorized*
4 *to accept additional financial support from other sources pro-*
5 *vided that the program meets the requirements of subsection*
6 *(b).*

7 (2) *Funds appropriated for this section shall supplement*
8 *and not supplant other public funds and programs providing*
9 *legal representation to individuals.*

10 (3) *The Secretary shall set aside up to 20 percent but*
11 *not less than 10 percent of funds available for grants and*
12 *contracts under this section for the provision of technical as-*
13 *sistance, training, and backup support for advocacy projects*
14 *receiving grants or entering into contracts under this part.*

15 (e)(1) *The Secretary shall establish a review group to*
16 *review applications submitted under this part and provide*
17 *recommendations to the MHAP regarding training, technical*
18 *assistance, and other support projects to be undertaken by*
19 *MHAP. The members of such group shall include individ-*
20 *uals with training and experience in providing mental health*
21 *advocacy services and individuals representing citizen, con-*
22 *sumer, and membership organizations that have demonstrat-*
23 *ed interest in mental health advocacy.*

24 (2) *No grant or contract shall be approved by the Secre-*
25 *tary unless it has also been approved by the review group.*

1 (f) *The Secretary shall assure that each grant or con-*
 2 *tract awarded under this section shall, with respect to the*
 3 *provision of any legal assistance under such grant or con-*
 4 *tract, include provisions to assure that any use of funds*
 5 *under this part for legal assistance shall be subject to the*
 6 *same specific restrictions and regulations prescribed under*
 7 *the Legal Services Corporation Act applicable to grantees*
 8 *under such Act regarding the provision of legal assistance*
 9 *(other than restrictions and regulations concerning eligibility*
 10 *for legal assistance under such Act and membership of local*
 11 *governing boards), and shall assure compliance with such*
 12 *provisions.*

13 REPORT ON ADVOCACY

14 SEC. 305. (a) *The Comptroller General shall conduct a*
 15 *study to examine the performance of advocacy programs that*
 16 *represent—*

17 (1) *persons admitted to programs and facilities for*
 18 *the purpose of receiving mental health services;*

19 (2) *persons who are developmentally disabled or*
 20 *severely disabled; and*

21 (3) *youth, racial and ethnic minorities, women,*
 22 *and other appropriate groups with respect to the consti-*
 23 *tutional and statutory rights of such persons.*

24 (b) *No later than the date 18 months after the effective*
 25 *date of this title, the Comptroller General shall submit to the*

1 *President and the Congress a comprehensive report of such*
2 *study, and shall include in such report any legislative*
3 *recommendations that the Comptroller General considers*
4 *appropriate.*

5 (c) *The report shall assess the performance of advocacy*
6 *programs established by Congress or undertaken as demon-*
7 *stration projects within executive agencies designed to protect*
8 *the constitutional and statutory rights of priority population*
9 *groups. The report shall, at a minimum—*

10 (1) *summarize the advocacy activities and evalu-*
11 *ate the performance of MHAP and advocacy efforts au-*
12 *thorized by the Developmental Disabilities Assistance*
13 *and Bill of Rights Act and the Rehabilitation Act;*

14 (2) *describe and assess the role of the Legal Serv-*
15 *ices Corporation in providing legal services to such*
16 *priority population groups;*

17 (3) *describe and assess the role of the various vol-*
18 *unteer agencies and other institutions and professions*
19 *in providing advocacy services;*

20 (4) *assess the need for advocacy services currently*
21 *not being provided;*

22 (5) *make recommendations regarding the efficient*
23 *provision of advocacy services;*

(6) *make recommendations regarding measures to improve the Federal advocacy effort on behalf of youth, racial and ethnic minorities, and women, and*

(7) *assess the impact of advocacy programs upon the cost and quality of care and treatment in programs and facilities.*

PART C—MISCELLANEOUS

DEFINITIONS

SEC. 306. *For purposes of this title, the term—*

(1) *“admitted” means accepted, but not yet discharged in connection with such acceptance, on either an ambulatory, residential, or inpatient care basis in connection with the need for the provision of mental health services;*

(2) *“emergency situation” with respect to any person means a situation in which a responsible mental health professional determines that such person presents a substantial likelihood of imminent harm to himself or herself or others;*

(3) *“mental health services” includes diagnosis and treatment for a mental disorder other than or in addition to mental retardation, and other services directly related to such diagnosis and treatment;*

(4) *“program or facility” means an entity that provides mental health services and that—*

1 (A) directly provides health care services on
2 an inpatient basis;

3 (B) has a contractual arrangement (other
4 than or in addition to admitting privileges) under
5 which such entity may have patients admitted for
6 health care services on an inpatient basis at a fa-
7 cility operated by another entity; or

8 (C) is in receipt of funds under the Mental
9 Health Systems Act;

10 (5) "responsible mental health professional"
11 means a mental health professional who has adminis-
12 trative authority within a program or facility to ap-
13 prove treatment in emergency situations and holds a li-
14 cense required under applicable provisions of law to
15 prescribe the treatment concerned;

16 (6) "qualified advocate" means—

17 (A) an attorney licensed to practice law in a
18 State or jurisdiction;

19 (B) an individual employed to provide advo-
20 cacy services by—

21 (i) a Legal Services Corporation
22 grantee;

23 (ii) a State protection and advocacy
24 agency;

1 (iii) a recipient of funds under part B
2 of this title; or

3 (iv) an advocacy agency that meets the
4 eligibility criteria of section 306(b); or

5 (C) an individual registered pursuant to sec-
6 tion 307;

7 (7) "authorized advocate" means a qualified advo-
8 cate who—

9 (A) has been authorized in writing by a
10 person to represent such person for purposes of
11 this title; or

12 (B) is an attorney appointed by a court of
13 competent jurisdiction to represent a person; and

14 (8) "treatment" means mental health treatment.

15 ADVOCATE REGISTRATION

16 SEC. 307. The Governor of each State shall (1) estab-
17 lish an administrative procedure under which a citizen or
18 consumer organization that has demonstrated an interest in
19 mental health advocacy and intends to provide the services of
20 individuals acting as qualified advocates for the purposes of
21 part A of this title may apply for registration of such individ-
22 uals as qualified advocates, (2) upon the application of such
23 organization, determine whether such organization is capable
24 of providing services by individuals with qualifications and
25 training appropriate to serving as advocates in a responsible

1 manner, and (3) in the case of an affirmative determination
 2 under clause (2), provide for the registration of the name and
 3 organizational affiliation of each individual designated by
 4 such organization to serve as a qualified advocate.

5 *EFFECTIVE DATE*

6 *SEC. 308. (a) Except as provided in subsection (b), the*
 7 *provisions of this title shall become effective on the date one*
 8 *year after the date of enactment of this Act.*

9 *(b) Sections 302(a) and 304(e)(1) shall become effective*
 10 *on the date of enactment of this Act.*

11 *TITLE IV—ASSOCIATE DIRECTOR FOR*
 12 *MINORITY CONCERNS*

13 *ASSOCIATE DIRECTOR OF MINORITY CONCERNS*

14 *SEC. 401. Section 455 of the Public Health Service*
 15 *Act is amended by adding at the end thereof the following*
 16 *new subsection:*

17 *“(d)(1) The Director shall designate an Associate Direc-*
 18 *tor for Minority Concerns to develop and coordinate preven-*
 19 *tion, treatment, research, and administrative policies and*
 20 *programs to assure increased focus on minority populations.*

21 *“(2) The Associate Director for Minority Concerns*
 22 *shall assist the Director in assuring that the Institute—*

23 *“(A) supports programs with regard to the deliv-*
 24 *ery of mental health services to minority populations,*
 25 *including demonstration projects;*

1 “(B) develops a plan to increase the representa-
2 tion of minority populations in mental health service
3 delivery and manpower programs with an emphasis on
4 developing bilingual and bicultural programs;

5 “(C) supports programs of basic and applied
6 social and behavioral research on minority mental
7 health;

8 “(D) studies the effects of racial, age, and sexual
9 discrimination on institutions and individuals, includ-
10 ing majority institutions and individuals;

11 “(E) develops systems to assist minority popula-
12 tions in adapting to, and coping with, the effects of
13 racial, age, and sexual discrimination;

14 “(F) supports and develops research, demonstra-
15 tion, and training programs aimed at eliminating in-
16 stitutional racial, age, and sexual discrimination; and

17 “(G) provides for increased emphasis on the con-
18 cerns of minority populations in training programs,
19 service delivery programs, and research endeavors.

20 “(3) The Secretary shall report to Congress every 3
21 years on the Institute’s activities in carrying out the provi-
22 sions of this subsection.

23 “(4) Nothing contained in this subsection shall be con-
24 strued to prevent or impair the administration or enforcement
25 of any other provision of Federal law, nor shall the Associate

1 *Director for Minority Concerns be deemed to have exclusive*
 2 *jurisdiction of the Institute's responsibility to develop effec-*
 3 *tive policies and programs for minority populations.''.*

4 *TITLE V—PREVENTION*

5 *PREVENTION UNIT*

6 *SEC. 501. Section 455 of the Public Health Service*
 7 *Act is amended by adding at the end thereof the following*
 8 *new subsection:*

9 *“(e)(1) The Director shall designate an administrative*
 10 *unit for prevention of mental illness and the promotion of*
 11 *mental health. The purpose of such unit shall be to—*

12 *“(A) design national goals and establish national*
 13 *priorities related to the prevention of mental illness;*

14 *“(B) design national goals and establish national*
 15 *priorities related to the promotion of mental health; and*

16 *“(C) encourage and assist local entities and State*
 17 *agencies to achieve the goals and priorities described in*
 18 *this paragraph.*

19 *“(2) The Director shall designate an individual to de-*
 20 *velop and coordinate prevention policies and programs and to*
 21 *assure increased focus on the prevention of mental illness*
 22 *and the promotion of mental health. This individual shall*
 23 *assist the Director in assuring that the Institute—*

24 *“(A) enhances, focuses, and coordinates the re-*
 25 *search and training activities being carried out under*

1 existing legislative authorities which are aimed at pre-
2 venting mental illness and promoting mental health;

3 “(B) encourages and assists local, State, and
4 Federal efforts to prevent mental illness and promote
5 mental health, particularly efforts relating to children
6 and adolescents; and

7 “(C) emphasizes and strengthens orderly plan-
8 ning, implementation, and evaluation of the activities
9 described in this paragraph.

10 “(3) The Secretary shall report to the Congress every
11 three years on the Institute’s activities in carrying out the
12 provisions of this subsection.”.

13 TITLE VI—MISCELLANEOUS

14 COMMUNITY MENTAL HEALTH CENTERS ACT

15 APPROPRIATIONS

16 SEC. 601. (a) Section 202(d) of the Community
17 Mental Health Centers Act is amended by deleting “and”
18 after “1979”, deleting the period at the end of such subsec-
19 tion, substituting a comma, and adding “and \$1,000,000 for
20 the fiscal year ending September 30, 1981.”.

21 (b) Section 203(d)(1) of the Community Mental Health
22 Centers Act is amended by deleting “and” after “1979”, de-
23 leting the period at the end of such paragraph, substituting a
24 comma, and adding “and \$42,000,000 for the fiscal year
25 ending September 30, 1981.”.

1 (c) Section 204(c) of the Community Mental Health
 2 Centers Act is amended by deleting "and" after "1979", de-
 3 leting the period at the end of such subsection, substituting a
 4 comma and adding "and \$19,000,000 for the fiscal year
 5 ending September 30, 1981."

6 (d) Section 213 of the Community Mental Health Cen-
 7 ters Act is amended by deleting "and" after "1978", and
 8 adding after "1979," the phrase "and \$25,000,000 for the
 9 fiscal year ending September 30, 1981,".

10 (e) No funds may be appropriated under the Communi-
 11 ty Mental Health Centers Act for any year period after Sep-
 12 tember 30, 1982.

13 AUTHORIZATION OF APPROPRIATIONS

14 SEC. 602. (a) There are authorized to be appropriated,
 15 for funding under title II, \$400,000,000 for the fiscal year
 16 ending September 30, 1982, \$450,000,000 for the fiscal year
 17 ending September 30, 1983, \$500,000,000 for the fiscal year
 18 ending September 30, 1984, and \$550,000,000 for the fiscal
 19 year ending September 30, 1985.

20 (b)(1) Sections 237 of the Community Mental Health
 21 Centers Act and 314(g) of the Public Health Service Act are
 22 repealed as of September 30, 1981.

23 (2) For the purpose of assisting States in carrying out
 24 their responsibilities under this Act for—

25 (A) planning and program design,

1 (B) data collection,

2 (C) data analysis,

3 (D) research,

4 (E) evaluation,

5 (F) setting and enforcing regulatory and other
6 standards,

7 (G) reporting to the Secretary, and

8 (H) establishing, expanding, or operating internal
9 rights protection programs,

10 the Secretary shall, in each fiscal year and in accordance
11 with regulations, allot the sums appropriated for such year
12 under paragraph (3) on the basis of the population and the
13 financial need of the respective States. The populations of the
14 States shall be determined on the basis of the latest figures
15 for the populations of the States available from the Depart-
16 ment of Commerce.

17 (3) There are authorized to be appropriated, for the pur-
18 pose of assisting the States in carrying out their responsibil-
19 ities under paragraph (2), \$20,000,000 for the fiscal year
20 ending September 30, 1982, and such sums as may be neces-
21 sary for each of the next three fiscal years.

22 (4) No funds shall be made available to a State under
23 this subsection unless the provisions of section 307 of this Act
24 are being carried out in such State.

1 (c) *There are authorized to be appropriated, for funding*
 2 *under title III, \$10,000,000 for the fiscal year ending Sep-*
 3 *tember 30, 1982, and such sums as may be necessary for*
 4 *each of the next three fiscal years.*

5 REPORT ON SHELTER AND BASIC LIVING NEEDS OF

6 CHRONICALLY MENTALLY ILL INDIVIDUALS

7 SEC. 603. (a) *The Secretary of Health and Human*
 8 *Services and the Secretary of Housing and Urban Develop-*
 9 *ment shall jointly submit a report to the committees on Labor*
 10 *and Human Resources and Banking, Housing, and Urban*
 11 *Affairs of the United States Senate, and the committees on*
 12 *Interstate and Foreign Commerce and Banking, Finance,*
 13 *and Urban Affairs of the United States House of Repre-*
 14 *sentatives, relating to Federal efforts to respond to the*
 15 *shelter and basic living needs of chronically mentally ill*
 16 *individuals.*

17 (b) *The report required by subsection (a) shall in-*
 18 *clude—*

19 (1) *an analysis of the extent to which chronically*
 20 *mentally ill individuals remain inappropriately housed*
 21 *in institutional facilities or have otherwise inadequate*
 22 *or inappropriate housing arrangements;*

23 (2) *an analysis of available permanent noninsti-*
 24 *tutional housing arrangements for the chronically men-*
 25 *tally ill;*

1 (3) *an evaluation of ongoing permanent and dem-*
2 *onstration programs, funded in whole or in part by*
3 *Federal funds, which are designed to provide noninsti-*
4 *tutional shelter and basic living services for the chron-*
5 *ically mentally ill, including—*

6 (A) *a description of each program;*

7 (B) *the total number of individuals estimated*
8 *to be eligible to participate in each program, the*
9 *number of individuals served by each program,*
10 *and an estimate of the total population each pro-*
11 *gram expects to serve; and*

12 (C) *an assessment of the effectiveness of each*
13 *program in the provision of shelter and basic*
14 *living services;*

15 (4) *recommendations of measures to encourage*
16 *States to coordinate and link the provisions in State*
17 *health plans which relate to mental health and, in par-*
18 *ticular, the shelter and basic living needs of chronical-*
19 *ly mentally ill individuals, with local and State hous-*
20 *ing plans;*

21 (5) *recommendations for Federal legislation relat-*
22 *ing to the provision of permanent residential noninsti-*
23 *tutional housing arrangements and basic living serv-*
24 *ices for chronically mentally ill individuals, including*
25 *an estimate of the cost of such recommendations; and*

1 (6) any other recommendations for Federal initia-
 2 tives which, in the judgment of the Secretary of Health
 3 and Human Services and the Secretary of Housing
 4 and Urban Development, will lead to improved shelter
 5 and basic living services for chronically mentally ill
 6 individuals.

7 (c) The report required by subsection (a) shall be sub-
 8 mitted to the committee described in subsection (a) no later
 9 than January 1, 1981.

10 REPORT ON THE IMPLEMENTATION OF THE MENTAL
 11 HEALTH SYSTEMS ACT

12 SEC. 604. (a) The Secretary shall submit a report to
 13 the Committee on Labor and Human Resources of the
 14 United States Senate and the Committee on Interstate and
 15 Foreign Commerce of the United States House of Repre-
 16 sentatives regarding the implementation of the Mental Health
 17 Systems Act.

18 (b) The report required by subsection (a) shall in-
 19 clude—

20 (1) a description of the number and types of pro-
 21 posals which have been funded, the populations served,
 22 and the kinds of services provided under the Act;

23 (2) an analysis of the extent to which the pur-
 24 poses of the Act have been achieved, are being

1 *achieved, and are likely to be achieved if the Act is*
 2 *continued;*

3 *(3) an analysis of the major problems, if any,*
 4 *which have arisen at the local, State, and Federal*
 5 *levels in implementing the Act; and*

6 *(4) recommendations regarding possible changes*
 7 *in the basic policy, design, requirements, criteria, and*
 8 *technical features of the Act which, in the judgment of*
 9 *the Secretary, would improve the provision of mental*
 10 *health care, further the prevention of mental illness,*
 11 *and promote mental health in the United States.*

12 *(c) The report required by subsection (a) shall be sub-*
 13 *mitted to the committees described in subsection (a) no later*
 14 *than January 1, 1985.*

15 CONFIDENTIALITY OF MENTAL HEALTH RECORDS

16 SEC. 605. *The Public Health Service Act is amended*
 17 *by adding, at the end of title V of such Act, the following new*
 18 *section:*

19 "CONFIDENTIALITY OF MENTAL HEALTH RECORDS

20 "SEC. 515. (a) *Records of the identity, diagnosis,*
 21 *prognosis, or treatment of any patient pertaining to such per-*
 22 *son's mental health which are maintained in connection with*
 23 *the performance of any program or activity relating to mental*
 24 *health or health education, training, treatment, services, re-*
 25 *habilitation, or research which is conducted, regulated, or di-*

1 rectly or indirectly assisted by any department or agency of
2 the United States shall, except as provided in subsection (e),
3 be confidential and be disclosed only for the purposes and
4 under the circumstances expressly authorized under subsec-
5 tion (b) of this section.

6 “(b)(1) The content of any record referred to in subsec-
7 tion (a) may be disclosed in accordance with the prior written
8 consent of the patient with respect to whom such record is
9 maintained, but only to such extent, under such circum-
10 stances, and for such purposes as may be allowed under regu-
11 lations prescribed pursuant to subsection (h).

12 “(2) Whether or not the patient, with respect to whom
13 any given record referred to in subsection (a) of this section
14 is maintained, gives his written consent, the content of such
15 record may be disclosed as follows:

16 “(A) To medical personnel to the extent necessary
17 to meet a bona fide medical emergency.

18 “(B) To qualified personnel for the purpose of
19 conducting scientific research, management audits, fi-
20 nancial audits, or program evaluation, but such per-
21 sonnel may not identify, directly or indirectly, any in-
22 dividual patient in any report of such research, audit,
23 or evaluation, or otherwise disclose patient identities in
24 any manner.

1 “(C) If authorized by an appropriate order of a
2 court of competent jurisdiction granted after applica-
3 tion showing good cause therefor. In assessing good
4 cause the court shall weigh the public interest and the
5 need for disclosure against the injury to the patient, to
6 the therapist-patient relationship, and to the treatment
7 services. Upon the granting of such order, the court, in
8 determining the extent to which any disclosure of all or
9 any part of any record is necessary, shall impose ap-
10 propriate safeguards against unauthorized disclosure.

11 “(D) Where the patient is admitted on an inpa-
12 tient basis, to any person upon reasonable determina-
13 tions by the individual responsible for the patient’s di-
14 agnostic or treatment services that (i) such person is a
15 close friend or family member of the patient and is
16 concerned about the patient’s welfare as the result of
17 being unable to locate the patient, (ii) the patient is in-
18 capable of making an informed decision as to whether
19 to provide consent to disclosure, and (iii) disclosure
20 would not be inconsistent with any arrangement that
21 has been made for the provision of the services in-
22 volved. Disclosures under this subparagraph shall be
23 limited to the location of the patient and the patient’s
24 general physical condition.

1 “(E) Where the patient is admitted on an inpa-
2 tient basis, to a person who is a close friend or family
3 member of a patient who is suffering from a serious
4 physical condition involving the possibility of the pa-
5 tient’s death if the individual responsible for the pa-
6 tient’s diagnostic or treatment services reasonably
7 determines that the patient is incapable of making an
8 informed decision as to whether to provide consent to
9 disclosure. Disclosures under this subparagraph shall
10 be limited to the patient’s location and information per-
11 taining to such physical condition.

12 “(F) To such persons as the individual responsi-
13 ble for the patient’s diagnostic or treatment services
14 reasonably considers necessary to protect against a
15 clear and substantial risk of imminent, serious bodily
16 harm to the patient or others. Nothing in this subpara-
17 graph shall make such individual civilly or criminally
18 liable for failing or refusing to make any disclosure
19 under this subparagraph.

20 “(G) By a department or agency of the Federal
21 Government that has provided care and treatment serv-
22 ices to the patient, as necessary for the purposes of the
23 United States’ obtaining, from a third party, payment
24 for the costs of the patient’s care and treatment if the
25 United States has the right under Public Law 87-693

1 *or other applicable law to recover such costs in the ab-*
2 *sence of an assignment from the patient and there are*
3 *reasonable grounds to believe that such third party is*
4 *liable for such costs.*

5 *“(c) Except as authorized by a court order granted*
6 *under subsection (b)(2)(C) of this section, no record referred*
7 *to in subsection (a) may be used to initiate or substantiate*
8 *any criminal charges against a patient or to conduct any*
9 *investigation of a patient.*

10 *“(d) The prohibitions of this section shall continue to*
11 *apply to records concerning any individual who has been a*
12 *patient, irrespective of whether or when he or she ceases to be*
13 *a patient. For purposes of section 303 of this Act, persons*
14 *who maintain records referred to in subsection (a) are*
15 *deemed to be authorized by the Secretary to protect the priva-*
16 *cy of individuals.*

17 *“(e) The prohibitions of this section do not apply to any*
18 *interchange of records—*

19 *“(1) within the Armed Forces or within those*
20 *components of the Veterans’ Administration furnishing*
21 *health care or determining eligibility for benefits or*
22 *services under title 38, United States Code; or*

23 *“(2) between such components and the Armed*
24 *Forces.*

1 “(f) Any person who obtains a patient’s consent to dis-
2 closure of a record referred to in subsection (a) of this section
3 shall assure that such consent is informed and voluntary.

4 “(g) Any person who violates any provision of this sec-
5 tion or any regulation issued pursuant to this section shall be
6 fined not more than \$500 in the case of a first offense, and
7 not more than \$5,000 in the case of each subsequent offense.

8 “(h) Except as provided in subsection (i) of this section,
9 the Secretary shall prescribe regulations to carry out the pur-
10 poses of this section. The regulations may contain such defi-
11 nitions, and may provide for such safeguards and procedures,
12 including procedures and criteria for the issuance and scope
13 of orders under subsection (b)(2)(C), as in the judgment of
14 the Secretary are necessary or proper to effectuate the pur-
15 poses of this section, to prevent circumvention or evasion
16 thereof, or to facilitate compliance therewith.

17 “(i) The Administrator of Veterans’ Affairs, through the
18 Chief Medical Director, shall, to the maximum feasible
19 extent consistent with their responsibilities under title 38,
20 United States Code, prescribe regulations making applicable
21 the regulations prescribed by the Secretary under subsection
22 (h) of this section to records referred to in subsection (a) of
23 this section that are maintained in connection with the provi-
24 sion of hospital care, nursing home care, domiciliary care,
25 and medical services under such title 38. In prescribing and

1 *implementing regulations pursuant to the subsection, the Ad-*
2 *ministrators shall, from time to time, consult with the Secre-*
3 *tary in order to achieve the maximum possible coordination*
4 *of the regulations, and the implementation thereof, which*
5 *they each prescribe.*

6 “(j) For purposes of this section—

7 “(1) The term ‘identity’ means—

8 “(A) the patient’s name or other data from
9 which it could be reasonably anticipated that a
10 person could—

11 “(i) identify such patient, or

12 “(ii) ascertain other data from which
13 such patient might be identified; or

14 “(B) a code, number, or other means used to
15 identify the patient in relation to a record regard-
16 ing him.

17 “(2) The term ‘record’ means data or information
18 in any recorded medium created or maintained that—

19 “(A) reveals or contains a patient’s identity;
20 or

21 “(B) relates to the physical or mental health
22 history, diagnosis, condition, treatment, or reha-
23 bilitation of a patient.

24 “(3) The term ‘patient’ includes a mental health
25 research subject.”

1 *TITLE VII—RAPE PREVENTION AND CONTROL*2 *RAPE PREVENTION AND CONTROL*

3 *SEC. 701. (a) Part D of title II of the Community*
4 *Mental Health Centers Act (42 U.S.C. 2681) is amended by*
5 *adding at the end thereof the following new section:*

6 *“RAPE SERVICES DEVELOPMENT AND DEMONSTRATION*
7 *PROJECTS*

8 *“SEC. 232. (a) The Secretary, acting through the Na-*
9 *tional Center for the Prevention and Control of Rape, shall*
10 *make grants to, and enter into contracts with, public and*
11 *private entities to develop or demonstrate new and innovative*
12 *methods to provide rape services.*

13 *“(b) The Secretary may award grants and contracts*
14 *under subsection (a) for development or demonstration*
15 *projects for any one or more of the following—*

16 *“(1) training programs (including counseling*
17 *techniques for the victim or the offender) for profession-*
18 *al, paraprofessional, and volunteer personnel in the*
19 *fields of law, social service, mental health, and other*
20 *related fields in which personnel are or will become en-*
21 *gaged in areas relating to the problems of rape;*

22 *“(2) treatment programs providing—*

23 *“(A) counseling for the victim, the victim’s*
24 *immediate family, or the offender;*

1 “(B) information about or referral to medi-
2 cal, mental health, social, or legal services includ-
3 ing necessary transportation costs and accompani-
4 ment to such services;

5 “(C) consultation with allied professionals;
6 or

7 “(D) followup counseling for the victim, the
8 victim’s immediate family, or the offender;

9 “(3) community education;

10 “(4) offender rehabilitation and counseling;

11 “(5) self-help programs for victims, as well as po-
12 tential victims;

13 “(6) telephone systems to provide assistance to the
14 victim;

15 “(7) emergency shelter programs; or

16 “(8) projects which are likely to result in the de-
17 velopment and demonstration of methods of preventing
18 rape, or which address social problems related to rape.

19 “(c)(1) No grant may be made or contract entered into
20 under this section unless an application therefor is submitted
21 to, and approved by, the Secretary. Such an application
22 shall be submitted in such form and manner and shall con-
23 tain such information as the Secretary shall prescribe.

24 “(2) The amount of any grant or contract under this
25 section shall be determined by the Secretary.

1 “(3) *The Secretary may make payments under this sec-*
2 *tion in advance or by way of reimbursement, and at such*
3 *intervals and on such conditions as the Secretary may find*
4 *necessary.*

5 “(d) *Each entity participating in a program under this*
6 *section shall—*

7 “(1) *establish a recordkeeping system to insure*
8 *the protection of the privacy of the victim, as well as of*
9 *other individuals involved in accordance with subsec-*
10 *tion (f); and*

11 “(2) *establish internal procedures to measure*
12 *progress in achieving the goals stated by the grantee or*
13 *contractor in its application.*

14 “(e) *The Secretary shall develop standards and outcome*
15 *criteria by which the effectiveness of this program shall be*
16 *measured. Such standards and criteria shall be developed in*
17 *consultation with the National Rape Prevention and Control*
18 *Advisory Committee and established within ninety days after*
19 *the date of the enactment of this section. The Secretary shall*
20 *review the effectiveness of the development and demonstration*
21 *projects carried out pursuant to this section.*

22 “(f) *Except as provided by Federal law other than this*
23 *section, no officer or employee of the Federal Government,*
24 *nor any recipient of assistance under the provisions of this*
25 *section shall use or reveal any information furnished by or*

1 on behalf of a victim and identifiable to any specific private
2 person for any purpose other than the purpose for which it
3 was obtained in accordance with this section. Such informa-
4 tion and copies thereof, when supplied to, or gathered by,
5 such officer or employee of the Federal Government, or any
6 recipient of assistance under the provisions of this section,
7 shall be immune from legal process, and shall not, without
8 the consent of the person furnishing such information, be
9 admitted as evidence or used for any purpose in any
10 action, suit, or other judicial, legislative, or administrative
11 proceedings.

12 “(g) The annual submission to Congress under section
13 231(b)(1)(B) shall be submitted not later than March 1 of
14 each year and shall include, in addition to the requirements
15 of section 231—

16 “(1) a summary of the activities funded pursuant
17 to this section; and

18 “(2) a review of the effectiveness of the activities
19 carried out pursuant to this section.

20 “(h) Not more than 5 percent of any funds appropriated
21 to carry out the provisions of this section for any fiscal year
22 may be used by the Secretary to provide technical assistance
23 to any public or private entity which desires to submit an
24 application under this section. The Secretary may provide
25 such assistance, upon request, if the Secretary determines

1 *that the entity does not possess the resources or expertise nec-*
2 *essary to develop and submit an application without such*
3 *assistance.*

4 “(i) *The Secretary shall, to the extent feasible, coordi-*
5 *nate development and demonstration projects carried out*
6 *under this section with other activities relating to rape car-*
7 *ried out by the Secretary and the heads of other Federal*
8 *agencies.*

9 “(j) *Not more than 90 percent of the costs of any project*
10 *shall be funded by a grant or contract under this section.*

11 “(k) *There are authorized to be appropriated to carry*
12 *out the provisions of this section \$6,000,000 for the fiscal*
13 *year ending September 30, 1981, \$9,000,000 for the fiscal*
14 *year ending September 30, 1982, and \$12,000,000 for the*
15 *fiscal year ending September 30, 1983.*

16 “(l) *The Secretary, notwithstanding the provisions of*
17 *section 311 of the Civil Service Act of 1978 (Public Law*
18 *95-454, 92 Stat. 1111), in carrying out his functions and*
19 *administering the provisions of this section and without*
20 *regard to any other provision of this Act, is authorized to*
21 *obtain the services of not more than ten full-time staff mem-*
22 *bers to assist in carrying out the functions of the National*
23 *Center for the Prevention and Control of Rape. There are*
24 *authorized to be appropriated to carry out the provisions of*
25 *this subsection \$200,000 for the fiscal year ending Septem-*

1 *ber 30, 1981, \$212,000 for the fiscal year ending September*
2 *30, 1982, and \$224,000 for the fiscal year ending September*
3 *30, 1983.”*

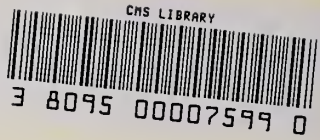
4 *(b) Section 231(d) of the Community Mental Health*
5 *Centers Act is amended—*

6 *(1) by striking out “and” before “\$9,000,000”;*
7 *and*

8 *(2) by inserting the following after “1980”: “,*
9 *\$10,200,000 for the fiscal year ending September 30,*
10 *1981, \$11,500,000 for the fiscal year ending Septem-*
11 *ber 30, 1982, and \$13,000,000 for the fiscal year*
12 *ending September 30, 1983.”*

13 *(c) Sections 231 and 232 of the Community Mental*
14 *Health Centers Act shall be moved and redesignated as sec-*
15 *tions 456 and 457 of the Public Health Service Act.*

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Calendar No. 762

96TH CONGRESS
2D SESSION

S. 1177

[Report No. 96-712]

A BILL

To improve the provision of mental health services and otherwise promote mental health throughout the United States, and for other purposes.

MAY 17 (legislative day, APRIL 9), 1979

Read twice and referred to the Committee on Labor and Human Resources

MAY 15 (legislative day, JANUARY 3), 1980

Reported with an amendment